



A Public Health Approach to Children's Mental Health

A Conceptual Framework

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GEORGETOWN UNIVERSITY

**Center for Child and
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¹ A list of participants and their organizations is available at http://gucchdtacenter.georgetown.edu/public_health.html

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Foreword

In the fall of 2007, the Center for Mental Health Services (CMHS) at the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with the National Technical Assistance Center for Children's Mental Health at Georgetown University began to develop a monograph that would present a conceptual framework for a public health approach to children's mental health. The proposed monograph would:

- Draw on well-established public health concepts to present a conceptual framework that was grounded in values, principles, and beliefs.
- Link environmental supports, services, and interventions across child-serving systems.
- Identify and promote shared language and definitions that could form a platform for communication between the various child-serving sectors that are integral to success of a public health approach.
- Provide examples of interventions and policies that have shown promise as components of the new framework.
- Suggest how partners, providers, decision-makers, and consumers might use the framework in their communities to strengthen the mental health and resilience of all children.

The monograph team convened an expert roundtable in Rockville, MD in October 2007 in order to: (1) create the foundation of the vision, mission, and goals of the monograph, (2) identify the monograph's target audience and categories of contributing stakeholders, (3) determine strategies for developing the monograph, and (4) identify resources that should be explored as part of monograph development. Over the next six months, the monograph team reviewed national and international documents, conducted a review of literature on the evolution of public health including a thorough examination of multiple public health models, conducted interviews with experts from public health and other related fields, and held a series of small group workshops and large group listening sessions with professionals from public health and other fields that commonly interface with public health entities. This information gathering process was followed by integration of the information gathered and extensive discussion about how to best summarize a public health approach to a non-public health audience, especially as it applies to children's mental health. Drafts of the monograph were reviewed by experts in the fields of academia, public policy, public health, family advocacy, and children's mental health care.

This monograph represents the culmination of efforts to develop consensus around the central ideas of the conceptual framework. Very early on, it was recognized that implementing a public health approach to children's mental health will require three significant system changes, and that the conceptual framework must ultimately facilitate movement toward those changes. Specifically, successful implementation requires:

1. The children's mental health care system to incorporate public health concepts in its approach to children's mental health,
2. the public health system to place a greater emphasis on children's mental health, and
3. other child-serving systems and sectors to identify themselves as partners in a comprehensive and coordinated children's mental health system.

Many of the individual ideas that make up the conceptual framework are not new; however, the new framework represents the first time that public health concepts have been integrated in this fashion to create a comprehensive and coordinated approach to children's mental health.

The Intended Audience

This monograph is written for a broad range of leaders who have a role in bringing about change in their system(s) or organizations and influencing children's mental health and well-being. These leaders may be in federal, state, local program, or policy roles. They may be state, tribal, or regional capacity builders, community providers or volunteers, or consumers or family members. They may be part of systems or sectors that impact the well-being of children, including children's mental health care, public health, juvenile justice, education, maternal and child health, physical health care, early care/education, child welfare, housing, transportation, and community development.

Using This Monograph

Because the audience for this monograph is broad, different users will find the content useful in different ways. This document can be used as a whole, or each of the chapters can be used on their own, to educate and provide a foundation for a leader to build upon. Once leaders determine how the information and ideas apply to relevant constituencies, the monograph can be helpful for implementing plans that will benefit children, youth, and families.

Each chapter has a distinct purpose and content. The first chapter, in addition to providing an overview and a context, also demonstrates a sense of urgency and a justification for a public health approach. This chapter could be helpful to those who must convince stakeholders or policy makers to engage in this work. The second chapter provides a starting point for groups and coalitions in their work together to build consensus around how to communicate about the effort. Chapters 3 and 4 provide information about the practice of public health and how it has been and could be used to support the mental health of children. In Chapter 5, the conceptual framework of the public health approach to children's mental health and the intervention model are presented. This chapter provides a detailed explanation of the framework as well as a visual representation in both graphic and table form.

In chapter 6, leaders will find practical information about how to move this transformation forward. This chapter includes questions that could be used as checklists for groups in any stage of their process as well as examples from the field of how a group has accomplished one or more components of the work.



Executive Summary

Context—Why this is Important

A number of recent developments have begun pointing the way toward a new approach to children's mental health in the United States. Belief in the need for a new approach is fueled by concern about overburdened health care systems, high costs, and fragmented approaches to children's mental health. At the same time, hope for a new approach is inspired by successful examples of public health efforts in the area of children's physical health, increased recognition of the positive impact of System of Care values, and greater understanding of the ways healthy environments can enhance children's development.

Public health principles suggest that the new approach should focus on a) reducing mental health problems among children for whom a problem has been identified and b) helping *all* children *optimize* their mental health. Doing so can improve children's overall health, competence, and later functioning and life satisfaction. Strengthening children in this way can also reduce the burden on an overtaxed mental health care system while simultaneously improving society's potential for academic success, economic well-being, productivity, competitiveness in the global market, ability to protect the nation's security, and quality of life.

This monograph advances an approach to children's mental health that applies public health concepts to efforts that support children's mental health and development. The approach is presented in a conceptual framework comprised of four major elements: values that underlie the entire effort, guiding principles that steer the work, a process that consists of three core public health action steps/functions, and a new model of intervening that provides the range of intervention activities required to implement a comprehensive approach. The range of intervention activities includes promoting positive mental health, preventing mental health problems, treating mental health problems, and reclaiming optimal health while addressing a mental health problem.

Language—Finding Common Ground

The approach contained in this monograph is best implemented with the leadership and participation of representatives of multiple services, systems, and sectors. Many of these representatives use different language to talk about topics pertaining to children’s mental health. Therefore, a preliminary step for groups interested in a public health approach is to come to consensus around shared terms and their meaning. Furthermore, it is important that those meanings be commonly understood by policy makers and the general public.

To support this step, a list of terms and the meanings as used in this document are provided (Table E.1). Chapter 2 provides a starting point for conversations within groups and an understanding of how the terms are used within the document.

Table E.1	Summary of Key Terms and How the Terms Are Used in This Document
<i>How the terms are used in this monograph...</i>	Outcome: the result or consequence of an action or intervention.
	Indicators: the data that are collected to quantify and describe an outcome.
	Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity that enables people to lead socially and economically productive lives.
	Mental health: a state of well-being in which the individual realizes his or her own abilities, can cope with the common stresses of life, can have fulfilling relationships with other people, can work productively and fruitfully, and is able to make a contribution to his or her community. ¹
	Positive mental health: high levels of life satisfaction and positive affect (emotional well-being) and psychosocial functioning (psychological and social well-being).
	Mental health problems: the spectrum of mental problems ranging from serious mental illness to problematic behavior that has been shown to indicate later mental disorders
	Mental health of a community: the collective well-being of a community, as indicated by the aggregated well-being of the members of the community and community characteristics that are indicative of well-being.
	Intervention/intervene/intervening: any effort that attempts to change a current situation with an individual, group, subpopulation, or population.
	Early Intervening: intervening prior to or in the early stages of a mental health problem. Early Childhood Intervening: intervening with young children to identify developmental delays and provide services that optimize positive mental health and minimize mental health problems.
	Group, Population, Community: a unified body of individuals that share a common geographical area, a common social, religious, or cultural background, or a common defining characteristic (interest, aim, occupation, geographic location).

An Overview of Public Health

Over the past century, anti-smoking campaigns, fluoridated drinking water, nutrition guidelines, and seat belt laws, are just some of the achievements attributed to the public health approach. Nevertheless there are multiple perspectives on what constitutes a public health approach. When distilling the most widely used models, four key public health concepts emerge that can be readily applied to children's mental health:

Population Focus: Public health thinks about, intervenes with, and measures the health of the entire population and uses public policy as a central tool for intervention.

Promoting and Preventing: In public health, the focus includes preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal health.

Determinants of Health: Interventions in public health work by addressing determinants of health. Determinants are factors that contribute to the good and bad health of a population. Malleable factors that are part of the social, economic, physical, or geographical environment can be influenced by policies and programs.

Process/Action Steps: A public health approach requires implementation of a series of action steps. In most widely recognized health models, these action steps are the three core functions of assessment, policy development, and assurance. Data are gathered to drive decisions about creating or adapting policies that support the health of the population, and efforts are made to make sure those policies are effective and enforced.

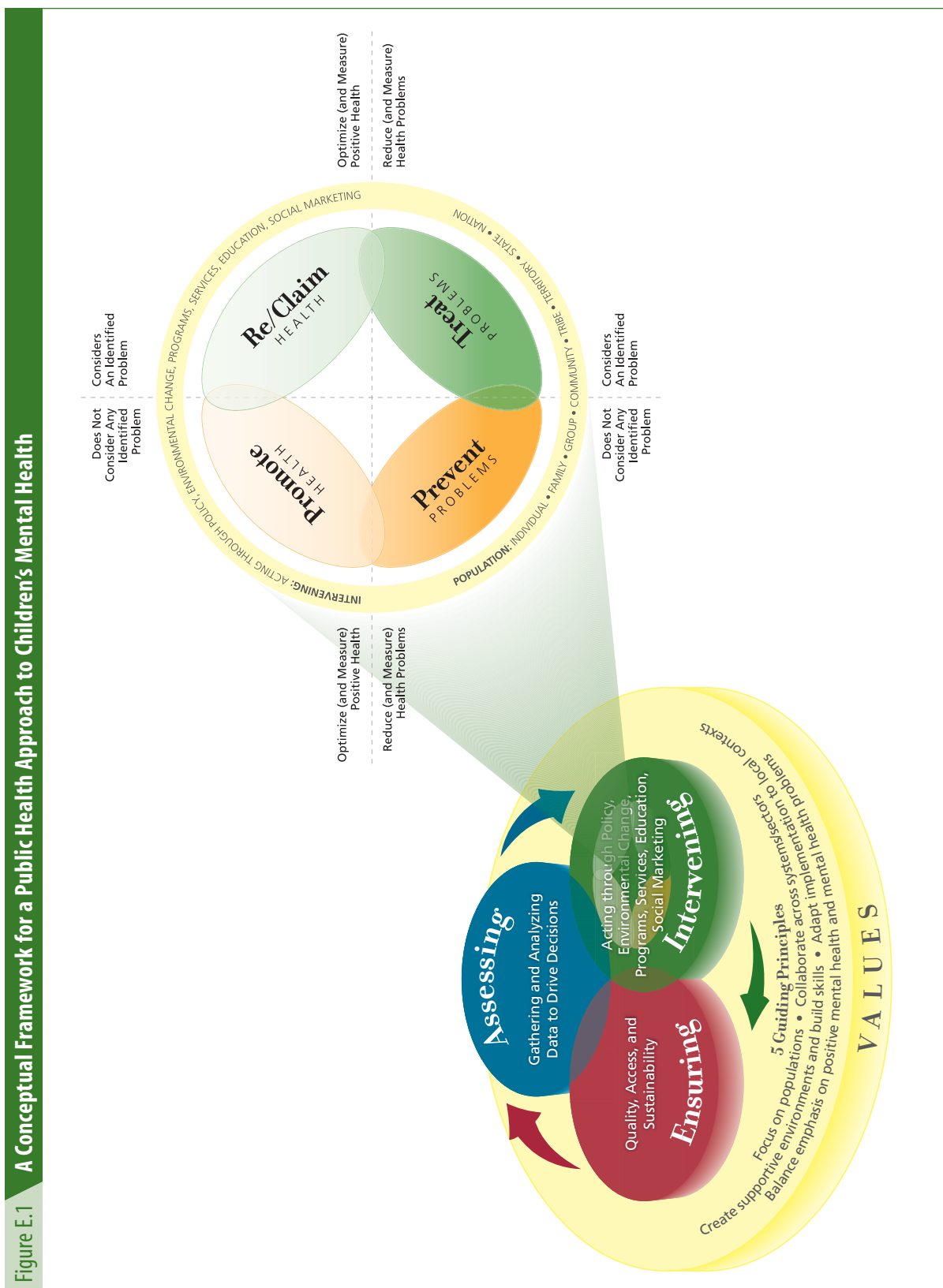
These four public health concepts are described in greater detail in Chapter 3, and they are considered in the context of children's mental health in Chapter 4.

A Framework for a Public Health Approach to Children's Mental Health

In Chapter 5, these four concepts—population focus, promotion/prevention, determinants, and process/action steps—serve as the basis of the guiding principles and the public health process/action steps that form the heart of the new conceptual framework for children's mental health (see Figure E.1). The new framework provides a comprehensive structure for creating, planning, implementing, evaluating, and sustaining public health activities in children's mental health.

Values are represented as the underpinning of the entire framework in Figure E.1. They serve as guides for decision-making, goal-setting, and developing ethical standards for behavior in all phases and dimensions of implementing a public health approach to children's mental health. A list of proposed values was generated by integrating and adapting values from the fields of children's mental health care and public health (See Text Box 4.2 in Chapter 4). The proposed values may be locally adapted but are considered a starting point for collaborating groups.

Figure E.1 A Conceptual Framework for a Public Health Approach to Children's Mental Health



The guiding principles infuse the central public health concepts and other key ideas throughout the entire framework. They include:

- Taking a population focus, which requires an emphasis on the mental health of *all* children. Data need to be gathered at population levels to drive decisions about interventions and to ensure they are implemented and sustained effectively for entire populations.
- Placing greater emphasis on creating environments that promote and support optimal mental health and on developing skills that enhance resilience.
- Balancing the focus on children’s mental health problems with a focus on children’s “positive” mental health—increasing our measurement of positive mental health and striving to optimize positive mental health for every child.
- Working collaboratively across a broad range of systems and sectors, from the child mental health care system to the public health system to all the other settings and structures that impact children’s well-being.
- Adapting the implementation to local contexts—taking local needs and strengths into consideration when implementing the framework.

The process/action steps represented by the blue, green, and red circles in the conceptual framework (Figure E.1) are based on the three core functions of the public health wheel described by the Institute of Medicine and presented by the Department of Health and Human Services^{2,3} (see Figure 3.2 in Chapter 3). The first action step, assessing, is centered on the idea that data are needed to drive decisions about how to strengthen children’s mental health from a population perspective. In particular, data need to be gathered and analyzed about children’s mental health and the factors that affect it to generate understanding of how to influence positive aspects of mental health and mental health problems at the population level.

The second action step, intervening, pertains to developing or selecting interventions that support optimal mental health and/or address mental health problems. Intervening can involve implementing policies, programs, services, environmental change, education, or social marketing. These activities can take place at an individual, community, tribal, and state level. While the intervention can occur across the entire population or for a particular population of focus, the benefits are felt across the population.

The third action step is ensuring. Ensuring involves making sure that intervening is done with a high level of quality and effectiveness and that the people providing interventions are appropriately trained. Ensuring also involves making sure that children and families have access to the interventions and that the interventions are sustainable.

A Special Emphasis on Intervention— A New Model for Children’s Mental Health

The conceptual framework places a special emphasis on intervening by building on and expanding prior models of intervening in the area of mental health. By incorporating the public health concepts of a population level focus and a balanced emphasis on optimizing mental health and addressing mental health problems, a new Intervening Model emerges that organizes interventions into four categories. Two of the categories, Promoting and Re/Claiming, optimize and measure *positive mental health*, while two others, Preventing and Treating, reduce and measure *mental health problems*. Table E.2 below shows the distinctions for the four intervention categories based on the action, timing of the intervention, and the ultimate goal of the intervention for the population of focus.

Table E.2 Four Intervention Categories and Distinctions Based on Action, Timing and Goal			
	Action	Timing	Population Goal
Promote ...is to intervene...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health by addressing determinants* of positive mental health 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population
Prevent ...is to intervene...	<ul style="list-style-type: none"> to <i>reduce</i> mental health problems by addressing determinants of mental health problems 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of reducing the number of future mental health problems in the population
Treat ...is to intervene...	<ul style="list-style-type: none"> to <i>diminish</i> or end the effects of an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus
Re/Claim ...is to intervene...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health while taking into consideration an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population of focus

*Determinants of health are factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.

While many interventions fit in more than one category, this new model for intervening provides guidance about the full array of mental health interventions that are needed to serve all children. It can serve as an organizational tool to help collaborators develop a comprehensive, coordinated public health approach to addressing children's mental health.

Putting Concepts into Practice

Implementing the conceptual framework is difficult without concrete examples of what action steps might look like when applied in different settings. Additionally, groups that are interested in implementing the framework may need to do preliminary work and planning activities that precede the steps of the conceptual framework in order to put a comprehensive approach such as this in place. The final chapter of this document is intended as an implementation resource, with examples and planning tools to support groups in this work.

A transformation from current approaches to children's mental health to a public health approach will require vision and on-going commitment to planning, action and evaluation. Engaging the public health system, the children's mental health care system, and partner systems and organizations to work together in a coordinated and comprehensive approach will take time and perseverance. One thing that can sustain the effort to change, however, is the recognition that strengthening mental health enhances the potential for success for all children and improves the strength of our communities.

Introduction

I'm convinced that we can shape a different future for this country as it relates to mental health... — DAVID SATCHER, FORMER SURGEON GENERAL OF THE UNITED STATES

...mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children's mental health as it does to their physical well-being. One way to ensure that our health system meets children's mental health needs is to move toward a community health system that balances health promotion, ... prevention, early detection and universal access to care. — DAVID SATCHER, FORMER SURGEON GENERAL OF THE UNITED STATES⁴

Health care matters to all of us some of the time, public health matters to all of us all of the time. — C. EVERETT KOOP, FORMER SURGEON GENERAL OF THE UNITED STATES

A Vision for Children and Communities

When holding a new baby in one's arms, it is natural to hope, dream and envision a future for that baby. Maybe the hope is that the baby will laugh and play with friends, take on and master new challenges, do well in school, develop stimulating interests and strong relationships. Maybe the dream is also that the child will eventually grow up to be a happy, healthy and productive member of the community and a loving parent and family member. Some people might envision what it will take for this to happen; that the child's family, extended family, school, neighborhood, and faith community will provide the support needed to guide the child on the journey to adulthood. What is important is that most people will try to envision the best possible future for that baby even as they recognize the challenges that will inevitably arise in any life.

This hopefulness may be driven by feelings for that individual newborn child. After all, it is natural to want loved ones to have optimal health and well-being. Most people, though, hold similar hopes for all children. Those hopes are often driven by emotions like compassion, empathy, and affection, yet there are also pragmatic reasons for those hopes. Quite simply, what is best for an individual child is also best for the communities to which that child belongs.

Children who have good health and a strong sense of well-being are more likely to become adaptable, functioning adults, and will have more tools available to contribute positively to their communities. Communities and nations are strong and vital when they consist of people who have the personal resources to take care of their own needs and help those around them. In this way, good health is a public good: healthy individuals contribute to the health of their communities and healthy communities support and promote the health of community members. For a society to be successful and sustainable, therefore, it is best for each baby to grow up to be healthy and capable.

However, children do not develop optimal health and well-being by default. Many things strengthen or threaten them as they develop. Some of the most prominent influences include biological traits, different environments that surround children—physical, social, cultural, political, and economic, events that occur in their lives, and choices children and their parents make. These factors all interact to have enormous impact. While some of these factors are difficult to predict and control, others are shaped by decisions made in communities every day.

In the last century, there are numerous examples in which American society has changed some factor so as to have a major impact on the health of individual children, as well as the entire population of children. Universal fluoridated drinking water, child safety seat laws, vaccination programs, and anti-smoking campaigns have all been effective ways of improving child health at the societal level. These efforts are examples of what is called a public health approach, one that focuses on improving the health of populations by promoting positive health and preventing health threats, as well as providing services for those with specific health problems.

Most American babies today have benefited from public health approaches even before they are born. Over 95% of all mothers receive some form of prenatal care starting in the first two trimesters of their pregnancies. During these visits, they are likely to have received at least some education about diet and nutrition, exercise, immunizations, and the importance of abstaining from drugs and alcohol, all with the goal of optimizing the baby's health, as well as the mother's.

“By making the mental health of all children important, more children will become thriving members of society, fewer children will develop mental health problems, and those who do will be able to receive exceptional care and support.”

At birth, infants born in a hospital are routinely seen by a pediatrician in their first day or two of life. The American Academy of Pediatrics then recommends at least six “well baby” visits within the first year of age, and public and private insurance plans typically include those visits or more as part of basic coverage⁵. During well baby visits, doctors seek to prevent any health-compromising conditions, injuries, and illnesses, and promote health by instructing parents about nutrition for their baby and the benefits of breastfeeding. In addition, many states have programs that raise public awareness about the importance of early child health care and provide greater access and supplemental services to ensure that young children receive that care.

The thinking behind a public health approach also touches children in other ways. By the age of six, and sometimes even by age three, every American child gains access to a system of public education. The United Nations has proclaimed that all children have a fundamental right to education, in part because of its importance in overcoming inequality and promoting economic productivity and political stability, and in part because of the impact it has on children's health⁶. Unlike health care, however, education is not limited to those who demonstrate a particular need for it, administered only to those who demonstrate a lack of intelligence. In fact, education is widely seen as particularly beneficial to those who demonstrate particular affinity and capacity for intellectual learning.

These examples from the arenas of physical health and intellectual development illustrate how a population-focused approach emphasizing optimal growth and well-being can be integrated into American society. However, the examples also provide points of contrast for the current problem-focused approach to children's mental health in this country. The field of children's mental health care has not yet, broadly adopted a public health approach, nor has the field of public health focused much attention on children's mental health. Yet there is reason to believe that public health efforts that focus on children's mental health, also frequently referred to as social and emotional development or well-being*, can have just as many societal benefits as those that focus on physical health.

Some efforts within physical health and education have a beneficial impact on children's mental, social, and emotional growth. Indeed, some current innovations, like nurse visitation programs for first-time mothers or social skills development programs, provide excellent examples of effective public health interventions for children's mental health, even though they are not always labeled as mental health interventions. Nevertheless, the framework for those efforts tends to be, as described in a recent report from the state of Washington, "incomplete and fragmented⁷."

Text Box 1.1

Use of the Term *Mental Health Problems*

In a recent report to Congress, the Substance Abuse and Mental Health Services Administration used the term "mental health problems" to apply to "a spectrum of problematic behaviors, such as defiance, impulsivity, truancy, and aggression."

This monograph uses the term more broadly to include the spectrum of mental problems ranging from serious mental illness to problematic behavior that is predictive of later mental disorders. Mental health problems can also be seen as encompassing the terms "problem behaviors" and "mental, emotional, and behavioral (MEB) disorders" as used in a recent 2009 IOM report on prevention.¹⁹

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2007). Promotion and Prevention In Mental Health: Strengthening Parenting and Enhancing Child Resilience, DHHS Publication No. CMHS-SVP-0175. Rockville, MD.

A New Framework

This monograph advances a model for intervening in children's mental health that applies a public health approach to improve children's mental health and development. This health-strengthening model includes preventing and treating mental health problems, and also

*The term mental health is used to refer to "social and emotional development," "social and emotional well-being," or "social-emotional learning" in this document.

embraces a focus on helping optimize the mental health of all children, regardless of the problems they face[†]. By making the mental health of *all* children important, more children will become thriving members of society, fewer children will develop mental health problems, and those who do will be able to receive exceptional care and support.

This public health approach builds on the existing public health and mental health care systems and promotes integration with other systems and structures that impact children. This integration of systems and structures is guided by a common understanding and language, values, guiding principles, and purpose. More specifically, the framework calls for:

1. the children's mental health care system to incorporate public health concepts in its approach to children's mental health,
2. the public health system to place a greater emphasis on children's mental health, and
3. other child-serving systems and sectors to work as partners in a comprehensive and coordinated children's mental health system.

The guiding vision for this effort is that communities, as well as society at large will:

- work to positively shape and strengthen children's physical, social, cultural, political, and economic environments in ways that promote optimal mental health and help prevent mental health problems.
- provide a full continuum of services and supports, from promoting mental health and preventing problems to treating problems and reclaiming mental health, which help all children manage environmental, social, and emotional challenges, thrive, and be contributing members of society.

In order to achieve this vision, there are five guiding principles that will be emphasized throughout this monograph. They include:

1. **Focus on populations when it comes to children's mental health in the United States**, which requires an emphasis on the mental health of *all* children. Data need to be gathered at the population level to drive decisions about interventions and to ensure interventions are implemented and sustained effectively for entire populations.
2. **Place greater emphasis on creating environments that promote and support optimal mental health, and building skills that enhance resilience.** Environments can be social, such as families, schools, communities, and cultures, or physical, such as buildings, playgrounds, lakes, and mountains.

Text Box
1.2

Use of the Term *Positive Mental Health*

Positive mental health is a relatively new concept in the scientific community. While it is still evolving, two common dimensions underlie the vast majority of conceptualizations of the term. Those two dimensions can be commonly thought of as "feeling well" and "doing well." A full discussion of how the term positive mental health is used in this document is provided in Chapter 2.

[†]For the purposes of this document, the term "children" refers to all children and youth ages birth to 18.

3. **Balance the focus on children’s mental health problems with a focus on children’s “positive” mental health—increasing measurement of positive mental health and striving to optimize positive mental health for every child.** A public health approach values promotion as well as prevention, so the feature that may most distinguish the new approach from the past is a new commitment to helping each child reach his or her optimal level of health, rather than simply reducing symptoms among those who have problems.
4. **Work collaboratively across a broad range of systems and sectors, from the child mental health care system to the public health system to all of the other settings and structures that impact children’s well-being.** An effective approach requires a comprehensive and coordinated effort among all of the systems and sectors that impact children and their environments.
5. **Adapt the implementation to local contexts—taking local needs and strengths into consideration when implementing the framework.** Considering local needs and strengths means that communities or groups implementing the conceptual framework consider local priorities, values, assets, and concerns when making choices about what language/terminology will be used, what values will ground the approach, the desired goals/impacts, what data will be gathered and analyzed, what array of interventions will be implemented to provide a comprehensive range, and what outcomes and determinants will be evaluated. Data that are crucial in one community may be less relevant in another, interventions that are effective in one setting may not be as successful in another, and factors that ensure success for one group may not be as beneficial for another.

Background

Children’s Mental Health Problems

In the United States, 10-20 percent of children are estimated to have mental disorders with some level of functional impairment⁸. Despite noble efforts from those in the various treatment settings that serve children, the vast majority of those go untreated⁹⁻¹¹. For those who receive treatment, the reality is that despite ongoing progress in treatment methods, many childhood disorders are persistent and difficult to treat. Further, health disparities or “differences in diseases, conditions, and health outcomes based on race and ethnicity¹²” persist between racial, ethnic and cultural groups¹³.

Even in mild form, mental health problems can threaten overall health and life quality and make it more difficult to thrive and succeed in school, at work, and in social situations. There is overwhelming evidence that mental health and behavior problems in childhood impair educational and social development, thereby impacting later competence and productivity¹⁴. Research shows that even as early as pre-school, young children with behavior problems receive less positive feedback and less instruction, and subsequently like school less, learn less, and attend less¹⁵.

The presence of childhood problems also foretells a greater likelihood of adolescent and adult disorders and ongoing need for costly services later in life¹⁶. For example, pre-school children with behavior problems have been shown to be at greater risk for school dropout and delinquent activity¹⁷. Medical co-morbidities such as diabetes, lung and heart disease disproportionately affect people with serious mental illnesses. People with serious mental illnesses often die younger than those without one by as much as twenty-five years and are more vulnerable to homelessness, unemployment and alcohol abuse or addiction¹⁸.

These challenges become more problematic as the number of people who need services increases and the number of people who provide those services, as well as the number of people contributing economically to support those services decreases. This shift puts more financial pressure on the systems that provide care and more demand on a system that struggles to meet current demand. Indeed, mounting news reports give examples of ways the mental health service system is not able to keep up with need. Difficulty in accessing care, particularly in rural areas and inner cities; relying on the juvenile justice and child welfare systems to absorb the overload; lack of continuity of care across time and across systems; and gaps in insurance coverage are just some of the problems receiving more public attention. Invariably the pressure to cut short-term costs leaves services underfunded, which results in long-term lost productivity and greater expense.

During a time when there have been dramatic improvements in children's physical health and development^{12,19}, it is alarming that recent reports have cited ongoing high levels of child mental health problems, adolescent substance abuse and addiction, juvenile delinquency, and youth disconnection from civic activity^{9,20}. Many people today point to increased school shootings, bullying and other school violence, and expulsion of pre-school children due to behavior problems as indicators of problems on the rise.

Allowing problems to continue developing unchecked has profound costs to society, economically and in terms of unrealized human potential. Compromising children's mental health not only burdens children and their families, it can also put additional strain on society for years or even decades to come. A recent Institute of Medicine (IOM) report estimated that mental, emotional and behavioral disorders cost the United States over \$247 billion in 2007²¹, and the World Health Organization has reported that depression is one of the leading causes of disability worldwide²².

Additionally, children's mental health problems can take a significant toll on children's families, sometimes in drastic and painful ways. In the extreme, suicide is third leading cause of death for children ages ten to 14 and youth ages 15 to 24²³. Clearly, mental health problems in childhood years, particularly those that are not treated or resolved, can have serious enduring consequences for all of society.

The Evolution of Children's Mental Health Care

The current child mental health care system in America evolved out of the early system of orphanages and other institutions that had arisen to care for abandoned and homeless children, many of whom had apparent mental and behavioral problems. In these settings, the goal was simply to “manage” these children. With the advance of psychiatry and psychology in the last century, institutions that were charged with the care of “problem children” became focused on the treatment of mental illness and disorder²⁴.

In the latter half of the 20th century, mental health services focused almost entirely on individual treatment for those with identified problems. The positive side of this individual services approach was that vital resources were directed to those in greatest need. The challenge, however, was that many times children were not connected with services until their problems were quite severe, so the services they required were more intensive and costly.

Over the past 25 years, children's mental health care has been influenced by a number of efforts, most notably, the System of Care movement. Systems of Care is an approach to services for children and youth with serious mental health problems that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs (see Text Box 1.3).

Much of the development of a system of care for children's mental health has been based on defining a set of values and principles and incorporating them as the foundation of the system. In fact, many argue that it is the values that have the most significant impact on transforming the mental health care system and sustaining the progress. The following values have been emphasized and supported by the Center for Mental Health Services (CMHS) at the Substance Abuse and Mental Health Services Administration:

- Systems of care are built upon the premise that the best services and supports for children and their families are accessible in their own communities.
- Families are full partners in their own care and in the planning, development and evaluation of the systems created within their communities.
- Services and supports are planned, implemented and evaluated in a way that is culturally and linguistically competent.
- Youth are respected as strong voices and advocates in both their own care and in the systems created to care for them.
- Policy and practices within a system should be based upon evidence that they are effective.

Text Box
1.3

System of Care

“A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families.

Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life.”

System of Care Site. Substance Abuse and Mental Health Services Administration. Downloaded from <http://www.systemsofcare.samhsa.gov>

“...it is possible and beneficial to focus not just on minimizing health problems among those for whom a problem has been identified, but on helping all children optimize their mental health, because doing so can improve their physical health, competence, and life satisfaction.”

Other important developments in the field of children’s mental health care have come from what the 1999 Mental Health: Report of the Surgeon General referred to as the “de facto” children’s mental health care system made up of other child-serving services and sectors⁹. Services including education, child welfare, child care, juvenile justice, primary medical care, and school mental health, and research fields like early childhood development, prevention, genetics, neurology, and psychology have offered new understandings that shape the world of child mental health care.

Some developments in children’s mental health care have started to move the field closer to a public health approach. In fact, positive youth development^{25,26} and many of the fields that address early childhood, encompassing early care and education, mental health care, primary health care, maternal

and child health, and even systems such as substance abuse intervention that impact children by serving parents, already incorporate key elements of a public health approach. Work in this area has been done from a population level approach, focusing on all children and their families, not just those with identified issues.

The 2009 IOM report²¹, as well as the influential book *Neurons to Neighborhoods: The Science of Early Childhood Development* have also moved the field forward by emphasizing the link between brain development, early environments and children’s mental health²⁷. The Zero to Three Organization, reinforced by the implementation of Head Start, Early Head Start, and the Maternal and Child Health Bureau’s Early Childhood Comprehensive Systems grants, have demonstrated the importance of a holistic approach, focusing on all factors that potentially hinder optimal development.

There are now examples of promotion and prevention efforts that reach entire early childhood populations. Some states like Vermont provide a home visit for every child born in the state as a way to help ensure that all children reach their potential. Possible issues are identified as early as possible. Eleven states are working with the Center on the Social Emotional Foundations for Early Learning (CSEFEL) to implement an approach that provides services and supports for all children with an emphasis on the development of high quality early childhood environments and supportive relationships for all children and their families.

Even with these important advances, there continues to be a gap between what is known about the neurological, experiential, and environmental influences on children’s development and mental health and the policies and practices across the child-serving settings that impact children’s mental health and well-being. As the Surgeon General’s report points out, one cause of that gap is that the “fragmented patchwork” of sectors precludes any one system from having primary leadership responsibility for children’s mental health care, and makes it difficult to develop a single guiding influence or set of organizing principles around which to

coordinate⁹. The good news is that the Systems of Care approach helps to overcome the issue of fragmentation by providing a coordinated network of community based services and supports.

Positive Mental Health as Distinct from Mental Health Problems

Thus far, the discussion of mental health in this document has focused entirely on problems and the treatment of those problems. To the public at large, this may seem quite natural since the term mental health generally arises only in the context of mental health problems. Mental health problems, however, are just one side of the mental health coin. The definition of health in the World Health Organization's (WHO) constitution, unchanged since 1948, is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."²⁸ This definition suggests that the absence of health problems may be indicative of something called health, but that health is actually more than that. Similarly, mental health can be considered more than the absence of mental health problems.

There is growing recognition that not only is "positive mental health" more than the absence of problems, it is an independent dimension of health that can be nurtured and enhanced (see Chapter 2). All people, whether they have mental health problems or not, can differ in the degree to which they feel good and function well, and just as with mental health problems, the presence or absence of positive mental health may have profound benefits or costs. For example, people with low levels of positive mental health miss work and experience chronic disease at levels comparable to those who are clinically depressed, and they visit doctors and therapists more often than clinically depressed people²⁹. Additionally, teens with higher levels of positive mental health are more engaged in civic activities and have fewer arrests and less drug use³⁰.

These findings suggest that it is possible and beneficial to focus not just on minimizing health problems among those for whom a problem has been identified, but on helping *all* children *optimize* their mental health, because doing so can improve their physical health, competence, and life satisfaction. From a population perspective, optimizing children's mental health can improve society's potential for academic success, economic well-being, productivity and competitiveness in the global market, ability to protect the nation's security, and overall quality of life. Furthermore, efforts to promote optimal social and emotional growth benefit all children, even those who are not likely to develop mental health problems, and society can in turn reap the rewards when these children have added capacity to function.

In many ways, positive mental health is not a new concept. Early childhood development and youth development, for example, are based on the idea of promoting positive aspects of a child's well-being. A more recent development from a Western cultural perspective is the growing understanding of positive mental health as a central part of overall health, and how important it is to a child's ability to function, grow, develop, become resilient, and thrive. These positive psychological, emotional, and social capacities help individuals maintain and regain health in the face of complex and changing stressors of life, just as good physical and cognitive growth and development help maintain and regain health in the face of illness or injury.

Shaping Environments and Skills to Optimize Children's Mental Health

A public health approach works to change environments that affect whole populations. Whole populations can be “universal” populations such as all children in the United States, or they can be subsets of the population or “subpopulations*,” such as children of divorce, children exposed to a natural disaster, or children within a specific school or juvenile detention facility. A public health approach might result in policy change or programs to improve the mental health of children and their families at any one of these population levels. For example, the *15+: Make Time to Listen...Take Time to Talk* campaign aims to reach all American families, while the Nurse Family Partnership program works with first-time expectant mothers, and the New Beginnings program in Arizona works with recently divorced families. Programs like these, particularly those that have been tested and shown to be beneficial, can help parents provide consistent discipline and strengthen relationships with their children, thereby improving their children's mental health and reducing the number of children who develop problems.

When environments, both social and physical, include the right conditions, they can dramatically enhance children's ability to grow, learn, and develop into thriving members of society. A public health approach strives to create health-enhancing conditions and environments: support for children's abilities to make positive choices, time for reflection and engagement in developmentally appropriate play, physical settings that promote social interaction, positive parental role models, class sizes with appropriate teacher/child ratios in school, meals and conversations with family and other adults that provide opportunities to strengthen language and enhance relationship building skills, communities that promote and reward healthy and pro-social behavior, and safe and nurturing neighborhoods, child care arrangements, and learning environments. Environments like these help children develop the tools they need to interact successfully and to manage the conflicts and stressors that inevitably arise in their lives. This success, in turn, helps children sustain strong mental health into adulthood.

Conversely, persistently poor environmental conditions can have the opposite effect, and a public health approach strives to change these. Children who experience inconsistent parental discipline practices, inadequate or overcrowded school conditions, family unemployment, racism, homophobia, community settings that reinforce destructive behavior, and other traumatic or chronic stressors such as domestic violence and unstable living arrangements, are at considerable disadvantage when it comes to building their resilience and fulfilling their potential for growth, learning, and development. Not only do these conditions limit children's abilities to excel and thrive, they also put children at much higher risk for developing mental health and behavior problems.

A 2001 WHO report highlights how some factors can be both beneficial and detrimental³¹. The report points out how changes in communication technology in the late 20th century

*“Subpopulation” refers to a subset of the whole population and can be special populations or populations of focus.

offer tremendous opportunities for enhanced diffusion of information and empowerment of users, such as the use of telemedicine to provide treatment at a distance. However, the report also notes that these advances have drawbacks. The influence of media portrayals on levels of violence, sexual behavior and interest in pornography; the impact of video game violence exposure on increased aggressive behavior; and the role of aggressive marketing on the globalization of alcohol and tobacco use among young people, all put children and youth at greater risk of developing serious mental health problems.

This is not to say that all mental health problems are the result of environmental factors, or that all problems are wholly preventable. Regardless of what approach is taken, some children will still develop mental health problems, and those children will continue to need prompt, effective treatment and, often, ongoing care. Even in those care settings, however, it is still useful to shape environments to improve mental health. Current interventions that engage children with serious mental illness in meaningful work and play demonstrate that functioning can be improved and mental health status can be enhanced, even when serious mental health symptoms are present³². The public health approach does not involve replacing or reducing the types of services offered to those in greatest need, but rather augmenting those services with promotion and prevention efforts so all children, including those with mental health concerns, will move closer to optimal health and fewer children will develop problems.

It is also worth noting that while environments play a critical role in a public health approach, not all public health interventions seek to change environments. Some efforts may instead help children learn skills and strategies to cope with and thrive in whatever environments they may face. Examples include programs like Positive Action, and the 4 Rs (Reading, Writing, Respect, and Resolution). Interventions like these focus on enhancing the skills of individual children but within a public health approach the focus is still on their impact on the population rather than the individual child.

Children's Mental Health Partnerships

Many, if not most, of the people and systems that impact children's mental health operate outside the fields of mental or behavioral health care. Therefore, many of the opportunities to shape children's environments to enhance health exist in settings like education, child welfare, primary medical care, public health, juvenile justice, early education and childcare, as well as community programs and activities including after-school and recreation programs. Not coincidentally, these are the same settings that make up what the Surgeon General called the *de facto* mental health system.

While these systems are all characterized by relatively high regulation and formal institutional structure, children's daily experiences are also shaped by family, neighbors, friends, faith groups, businesses, and various media such as television, popular music, movies, video games, and the internet. All of these settings are ones where many children spend a great deal of time, making them vital contexts for shaping children's mental health and their ability to cope effectively with life's challenges.

Text Box
1.4**Multiple Sectors that Impact Children's Mental Health****Relatively high regulation and formal institutional structure**

Education
 Child welfare
 Primary medical care
 Public health
 Juvenile justice
 Early education and childcare
 Community programs and activities (after-school and recreation programs)

Less formal regulation and institutional structure (but enormous impact on children)

Family
 Neighbors
 Friends
 Faith groups
 Businesses
 Various media (TV, popular music, movies, video games, internet)

In order to effectively change environments to optimize children's mental health, all children's different environments should be considered. Just as creating a great symphony requires more than simply developing a strong violin section, an effective approach to improving children's mental health requires comprehensive strengthening of all environments rather than focusing on one individually. For example, because being bullied is harmful to children's mental health, reducing bullying across most or all settings will have a much greater impact than reducing bullying in only one setting.

Making changes in multiple sectors requires coordinated efforts both within and among the sectors. Specifically, for any given sectors those efforts require partnerships to be formed between policy makers, service providers, family members, regulators, and others. They require leaders who have joined in partnership to share information and work together in mutually supportive ways. They may also require partnerships at federal, state, and local levels.

While most sectors that impact children share the goal of wanting what is best for children, effective partnering across sectors requires recognition of important differences in cultures, goals, values, structure, legal mandates, and change processes in those settings. For example, primary medical care might be concerned about mental health particularly as it impacts a child's physical health, while education might be most concerned with its role in supporting a child's readiness to learn. The difference may be subtle, but awareness of it can enhance communication and contribute to successful partnering.

Public Health Approach

A public health approach to children's mental health addresses the mental health of all children, focusing on the balance of optimizing positive mental health as well as preventing and treating mental health problems. The approach helps to shape environments in ways that enhance and support good health and by engaging partners from many sectors in a comprehensive and coordinated way. This approach also recognizes that the entire process needs to be informed by science and communities and adapted to the unique needs of particular populations. By incorporating these components, public health efforts that focus on mental health can have just as many societal benefits as those that focus on physical health.

In addition to shaping environments to promote health and prevent health problems in a population, a public health approach also includes action steps that guide the choice of which environmental factors to shape. These steps will be described in greater detail in Chapter 3, but one point is important to raise here. The crucial first step of a public health approach is to *gather data* that can drive a decision making process that is well informed and based on the best evidence available. Data are needed about the child mental health issues within a community or population, and about the determinants that affect them. Knowledge of mental health needs, assets, gaps, and goals drives decisions about which outcomes are most critical to focus on, and knowledge about determinants drives decisions about how to affect the identified outcomes. Identifying what to measure and what to do with the data is vital because this information offers a key starting point for leaders and coalitions that are interested in moving communities forward in adopting a public health approach to children's mental health.

“Surely the Time is Right”

In the last decade, there have been more and more calls to change the approach to children's mental health in this country. Both the Surgeon General's 1999 Report on Mental Health⁹ and the President's 2003 New Freedom Commission²⁰ called for an increased emphasis on shaping children's environments to promote mental health and prevent mental health problems as a way to augment the current care system. Additionally, the World Health Organization has placed considerable emphasis on advancing these concepts throughout the world.

The Center for Mental Health Services produced a document in 2002 titled, “The Promotion Of Mental Health and the Prevention of Mental and Behavioral Disorders: Surely the Time is Right,” which raised concerns about the continued demand for care, its potential to overburden the system, and the need to attack the problem from the “supply” side³³. Six years later, five other elements are converging to suggest that now is the ideal time for action.

First, countries such as Australia, New Zealand, and Canada have begun to implement changes to their approaches with promising early results^{34,35}. These nations have shown that it is possible to muster the political will and resources to initiate new, comprehensive approaches to children's mental health, including meaningful commitment to the promotion of positive mental health and prevention of mental health problems.

Second, scientific knowledge has progressed to the point that there is now greater understanding about what environmental factors are most critical for children's mental health and the specific influences that those factors have. There is also mounting evidence that shows many of these environmental factors can be changed, and that changing them has a beneficial impact on children. While not all mental health and behavioral health challenges can be prevented, a strong case can be made that it is worthwhile to apply strategies that promote the mental health and whole health of individuals, while still working to prevent and ameliorate factors that threaten their health.

Third, the overall movement toward a public health approach in other health domains continues to gain momentum built on a record of success. In response, there have been increasing calls to move toward a public health approach to children's mental health and development²⁰. Indeed, this monograph is a response to those calls, and an additional voice added to the call.

Fourth, there is also recent evidence showing that childhood is a particularly cost effective time to intervene⁹. Many child programs have demonstrated cost effectiveness when contrasted with intervening in adulthood. Additionally, other child programs that were not found to be cost effective in one arena have shown additional benefits that were not originally considered in those calculations. For example, an evaluation of the cost effectiveness of early interventions on later crime rates suggested that one parenting program was less cost effective than Three Strikes laws in reducing crime. The same program, however, was shown in other evaluations to have wide ranging benefits in addition to reducing crime, including improved school readiness, injury reduction, and even increased maternal employment³⁶.

Early events and experiences tend to set children on different trajectories. Positive, health-supportive environments in a child's earliest years can build strengths and resilience that form a foundation for future success. Children who do not have the advantage of such a start may still achieve the same levels of success, but their success may be more dependent upon later circumstances. Just as a well-rested, well-nourished, physically fit pre-schooler is more likely to withstand exposure to sick children at school and maintain good physical health, children with good social, emotional, and psychological well-being are better positioned to withstand stressful experiences and maintain good mental health.

Fifth, in February of 2009, the Institutes of Medicine (IOM) released a report titled, Preventing Mental, Emotional, and Behavioral Disorders Among Young People²¹, which updated a landmark 1994 report titled, Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research³⁷. This new report provides information on the vital role of prevention, including updated research evidence published since the 1994 report and a timeline of significant prevention-related events of the last 15 years. The report also expands on the notion of the role of promotion activities in a public health approach to mental health, as highlighted in the excerpt below.

"...[at this time] the gap is substantial between what is known and what is actually being done. The nation is now well positioned to equip young people with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships that strengthen the social fabric. This can be achieved by refining the science and by developing the infrastructure and large-scale collaborative systems that allow the equitable delivery of population-based preventive approaches. We call on the nation to build on the extensive research now available by implementing evidence-based preventive interventions, testing their effectiveness in specific communities, disseminating principles in support of prevention, addressing gaps in the available research, and monitoring progress at the national, state, and local levels."

Furthermore, the IOM report elaborates on the role of both promotion and prevention and their relationship to each other. The report points out that the 1994 report “concluded that the evidence of effectiveness of mental health promotion was sparse, particularly in comparison to that for prevention,” but it goes on to say “At this point in time, this committee views the situation differently.” It also states that “mental health promotion should be recognized as an important component of the mental health intervention spectrum” and that “prevention and treatment... with the addition of mental health promotion, offer the most useful framework for the field.”

Challenges to Overcome

In some countries, there is significant movement toward a comprehensive system that embraces promotion of mental health and prevention of mental health problems. This change has been slower to come to the United States. There are a number of challenges that must be overcome to bring such a change to this country³³.

First, there is a lack of shared language for the relevant concepts across the different systems and professional fields that serve children, as well as mental health in general. Even the term “mental health” is problematic; professionals in fields like education often do not see their role as addressing mental health, yet the environments educators create have tremendous mental health impacts, and children’s social and emotional behavior in turn affect learning environments. As pointed out in a recent report from the state of Washington’s Board of Health, “Phrases such as *building a public health-oriented system that promotes mental health and prevents mental illness* leave considerable room for miscommunication⁷.”

Some entities that provide promotion and prevention services that impact children’s mental health are outside of mental health altogether and do not label their services that way. For example, Boys and Girls Clubs of America claim to “promote and enhance the development of boys and girls by instilling a sense of competence, usefulness, belonging and influence³⁸.” While these efforts clearly have an impact on children’s mental health, the Boys and Girls Club does not use the term “mental health” to describe their desired outcomes. Even for those entities that do, terms central to the framework such as “prevention” and “promotion” have other ambiguities. The two are often used interchangeably, or sometimes prevention is used as a subset of promotion* and other times the reverse is true†. Clearly, these language gaps make it difficult to reach consensus about a public health approach to children’s mental health and development, and a vehicle for bridging those gaps among these groups is needed.

The second challenge pertains to the de facto, patchwork mental health system discussed earlier. There are many different systems that serve children in this country, and there is no

*Maville & Huerta defines promotion as any activity that enhances health, so “wellness, disease prevention, and health protection are subsumed in the definition of health promotion.” Maville, J.A. & Huerta, C.G. (2002) *Health Promotion in Nursing*. New York: Delmar p.39.

†Weisz and colleagues “use the term prevention to encompass not only traditional preventive interventions aimed at reducing the occurrence of dysfunction but also programs designed to actively promote mental health through such means as expanding knowledge, strengthening coping skills, and enriching resources for support.” Weisz, J.R., Sandler, I.N., Durlak, J.A., Anton, B.S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60(6), 628-648.

comprehensive framework or coordinated system that supports, promotes, or guides the integration of those services³³. The many different systems means there are many stakeholders invested in child mental health, and within the mental health care system there remains a heavy focus on treatment of problems. This may create an obstacle in coordinating with many important potential allies, some of whom are already working on significant promotion and prevention efforts. A framework that aligns the care system with other child-serving groups will enable all to benefit from each other's thinking, experiences, action, and support.

Third, the resources to provide mental health treatment are already limited in this country, and promotion and prevention are often likely to be seen as in competition for the same dollars with treatment. Reimbursement from insurance companies often requires diagnosis of a current problem, a concept that is antithetical to preventing problems before they occur. This means funding for intervening before diagnosis must come from other sources and, while other funding sources may exist, they are limited and require additional time and energy to pursue.

Fourth, for families of children with serious mental illness, not only are expanded services seen as being in competition for care of their children, historically, the term prevention has connoted the assignment of blame. Prevailing theories of the 1960s and 1970s overtly blamed parents for children's mental health problems such as schizophrenia, neurosis, and autism^{39,40}. Families of children with mental illnesses already bear significant emotional burden and may be reluctant to support an expanded range of services if they feel blame is being placed on family or parental deficiencies. Overcoming the perceived blame problem is further complicated by the lack of shared language; reframing intervention terms is harder when different people use those terms in different ways.

Fifth, as one state health director recently said, new concepts are often defeated by the "perfect storm of territoriality, budget constraint, and cynicism⁴¹." The reasons for territoriality and cynicism are understandable: people already struggling to keep overburdened systems afloat may have seen promising solutions come and go many times without any notable, lasting change. In fact, people who survived such transitions may have done so by fighting long and hard to protect the resources they had. Therefore, it may be quite reasonable to see new ideas that propose to change the existing system as threatening.

While all of these challenges are real, each of them can be overcome and this monograph is part of the attempt to address them. The next chapter, Chapter Two, addresses the language discrepancies that exist between different fields that impact children's mental health and offers suggestions for language that may unify those different fields. Chapter Three provides further elaboration on the public health approach. Chapter Four applies the concepts of a public health approach to children's mental health. Chapter Five then brings together a comprehensive framework that includes the unifying language and values, guiding principles, the public health core processes, and a new Intervention model for children's mental health. Finally, Chapter Six presents some practical steps of implementing a public health approach to children's mental health and provides examples from the field of some ways in which implementation is already under way.

Laying the Foundation: Key Terms and Concepts

Language, both the choice of words and their definitions, has a tremendous impact on the ability of a group of people to work together. A public health approach to children's mental health requires the engagement and collaboration of diverse stakeholders across multiple systems and disciplines, many of which have their own language to describe terms pertaining to outcomes, intervention, and public health. Bringing those partners together to work collaboratively requires the adoption and use of shared terms with shared meanings.

In order to effectively communicate the importance of these issues to policy makers and the general public, it is important that the language used across sectors be commonly understood. Some terms that are useful within one professional context can be problematic when used in another. The concept of "surveillance," for example, is critical within public health settings; yet the term surveillance used in the context of gathering data about children's mental health can cause mistrust and lead to misunderstandings among policy makers and the general public.

Text Box 2.1

Developing Shared Language...

- Allows partners to become unified as a group
- Facilitates more effective and efficient communication
- Builds consensus about how to measure success
- Supports the change process, particularly as terms and their meanings gain acceptance

In the process of developing this monograph, many contributors indicated that one of the biggest challenges to moving forward was that terms like "public health," "promotion," "prevention," "recovery," "outcome," and "intervention" all mean different things to people from different systems and professional fields, as well as the general public. Additionally, some disciplines refer to children's "mental health," while others doing similar work focus instead on "social-emotional development," "social-emotional learning," "wellness," or "well-being."

Developing a shared language early is important when engaging a group of diverse stakeholders in a dialogue about language and outcomes. The actual process of creating a shared vision and common language can provide the foundation for future success.

The **overall purpose** of this chapter is twofold. First, by describing key terms and concepts identified in previous documentation and listening sessions, and by highlighting newly emerging concepts, the chapter provides a starting point for conversations among partners from diverse sectors and systems. Second, the chapter provides readers an understanding of how these terms are used within this monograph. At the end of the discussion of each term, a text box will display a description of how the term will be used.

Sometimes there are ambiguities with usage or definitions of certain terms that can lead to confusion or conflict. For each concept, the confusion or conflicts are noted, and working definitions for this document are provided. For every term, coalitions and partnership groups have the option of using those definitions, rejecting them for another, or adapting them to work for their purposes. While there is some advantage to all groups adopting the same terminology, the hope is that a similar starting point will allow different settings to adapt as needed and yet still share enough commonality to communicate with each other.

It is important to note that this list of key terms is not intended to be exhaustive. Each community, coalition, or partnership group may generate additional concepts and terms important to their context and citizens. The consensus process (discussed more comprehensively in Chapter 6) will most likely be influenced by factors like the political and fiscal environments and cross-agency collaborations and relationships. Once the collaborating group has shaped its own language, complete with definitions, the agreed upon terms and definitions can be used to create, implement, and sustain a shared public health framework for children's mental health.

The terms described in the remainder of the chapter are grouped into three broad categories. The first group of terms includes the outcomes that provide the benchmarks of change for the public health approach. The second group includes the terms that pertain to the part of the framework that will receive the greatest emphasis in this monograph: the *intervention* model. The last group of terms includes other key public health terms that are also critical to understanding and implementing a public health approach to children's mental health.

Key Terms and Concepts

Outcomes and Indicators Language

The intended outcomes of an intervention and the measures used to represent them, raise language issues that are important to address. In fact, before discussing outcomes, it is important to touch briefly on the term "outcome" itself, particularly as it relates to the similar term "indicator." These two terms, outcome and indicator, are used interchangeably in some contexts and quite distinctly in others.

At its most basic level, an outcome is the result or consequence of an action or intervention. In research and policy settings, however, the term outcome is used in multiple ways. It is sometimes used as shorthand to refer to outcome variable, outcome measure, or outcome indicator. Researchers tend to use the term more commonly in its shorthand, measurement

sense, while policy makers and evaluators sometimes use it to refer more conceptually to a *desired* outcome or goal. For example, a policy maker might call “increased school retention” an outcome before the policy is even in place, whereas a researcher might recognize increased retention as a goal but still reserve the word outcome for things that are measured later as part of an evaluation of the policy. While the differences between these meanings are subtle, they are significant enough that misunderstandings can arise when different audiences use the same term (e.g., outcome) to refer to different things.

Similarly, the term indicators can be used to refer to multiple concepts, particularly in policy settings, and this can lead to confusion as well. Generally, indicators are the data that are collected to help quantify an outcome. For example, an indicator of decreased school violence might be the number of fights in a school over a given period of time.

Sometimes there are no indicators available that measure the actual outcome of interest. In policy settings, it may simply not be economically feasible to properly measure the outcome of interest, so another variable is measured in its stead. Some may refer to that variable as an “indicator” of the outcome variable, whereas researchers would typically call it a *correlate* instead. For example, a child’s level of empathy may be one of many indicators of good mental health, but it is distinct from actual mental health itself. The use of the term indicator to describe outcome measures as well as measures of other related variables can lead to confusion, particularly when communicating with research audiences.

The confusion around outcome and indicator terminology can lead to bigger problems, particularly when the outcome is very broad or there is less agreement about its definition, such as in the case of children’s mental health. If the goal of intervention is to improve children’s mental health, but miscommunication contributes to measuring child mental health too narrowly, or the incorrect indicators are selected, or a very limited number of indicators come to be seen as synonymous with child mental health, then it would be easy to reach invalid conclusions about the effectiveness of an intervention.

How the terms are used in this monograph...

Outcome: the result or consequence of an action or intervention.

Indicators: the data that are collected to quantify and describe outcomes or determinants.

A. Health

There are many perspectives on health. For some, health sometimes refers to the absence of disease, illness, or injury. However, for many being healthy means much more. In fact, there may be as many as ten or more distinct images of what health means, including the antithesis of disease, a balanced state, growth, a functional capacity, goodness of fit, wholeness, well-being, transcendence, empowerment, and a resource⁴². The multitude of perspectives on health highlights the complexity of building shared meaning for the term.

Perhaps the most widely used definition comes from the World Health Organization (WHO), which defined health as “a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity²⁸.” In more recent years, this statement has been modified to include the ability to lead a “socially and economically productive life.” The Ottawa Charter for Health Promotion expanded the understanding of the conditions that create health by adding the following: “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members⁴³.”

How the terms are used in this monograph...

Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, that enables people to lead socially and economically productive lives.

B. Mental Health or Mental Well-being

As seen in the WHO definition of health, mental health is a significant part of health. In fact, “there is no health without mental health” has become a widely used rallying cry for organizations concerned with mental health throughout the world. Unfortunately, as the WHO points out, it is even harder to find consensus about the meaning of mental health than about health.

While the term “mental health” is both accepted and defined by the mental health care community, some fields like education and child care, and even some in the mental health care arena, tend to use the terms “social and emotional well-being,” “social-emotional development,” or “social-emotional learning” rather than mental health. There are many good reasons supporting both approaches.

People preferring the term mental health, or mental well-being, point out that mental health is the recognized term of the discipline that practices mental health treatment and care, and it is the language used by the WHO and other world organizations to refer to the concept. They also note that the word “mental” can also refer to aspects of well-being beyond the social and emotional domains, such as intellectual or cognitive functioning, so mental health can be seen as a broader term from this perspective.

On the other hand, people who prefer the social-emotional group of terms point out that in other ways, mental health is the narrower term. They often avoid the term mental health because it has long been associated with the treatment of disease and disorder, rather than an effort to achieve health and well-being. This narrow use of the term mental health has contributed to its stigmatizing aspect and has interfered with the ability of people in fields outside of mental health care to recognize the impact they have on shaping children’s mental health on a daily basis. Instead, children’s mental health is seen as something requiring the expertise of mental health care professionals, whereas children’s social and emotional well-being, learning, or development is seen as the responsibility of all.

Those who prefer the term mental health respond that it is time to reclaim the term and redefine its meaning. An ideal solution would be to maintain the use of the professional term and to expand its meaning by incorporating the positive connotations that the phrase social and emotional well-being brings. This document attempts to use the term mental health in this way.

Recent attempts to define mental health have included a focus on its positive health aspects. The 2009 IOM report defines mental health as an individual's psychological well-being, sense of competence, self-esteem and efficacy, social connectedness, and individual empowerment²¹. The Report to the Surgeon General defines mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity⁹.” The IOM report concentrates on how individuals feel about themselves and the Surgeon General's report focuses more on functioning coping, working and contributing.

A 2007 World Health Organization fact sheet is consistent with the definition from the Surgeon General's report. It states that “Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹.” This definition is used for the purposes of this monograph.

Children's mental health, in particular, needs to be understood in a somewhat different context from adult mental health. In fact, children's mental health is even more closely related to the concepts of healthy social and emotional development than adult mental health. The Report to the Surgeon General points out the following:

“Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology (Hoagwood et al., 1996).”

Descriptions of infant or child mental health typically focus on developing the capacities to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations⁴⁴. It is important to remember that these capacities manifest themselves in different ways for children of different ages.

The 2009 IOM report²¹ on prevention disorders in children points out that “a 2004 report of the National Research Council (NRC) and the IOM proposed a new definition specifically for children's health: “the extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments” (NRC and IOM, 2004, p. 33).”

How the terms are used in this monograph...

Mental health: a state of well-being in which the individual realizes his or her own abilities, can cope with the common stresses of life, can have fulfilling relationships with other people, can work productively and fruitfully, and is able to make a contribution to his or her community.¹

C. Positive Mental Health and Mental Health Problems

A recent approach offers a conceptualization of mental health that highlights its positive aspects in a new way. Earlier perspectives have suggested that health and health problems or illnesses are on a single continuum with health on one end opposite problems/illnesses on the other. In this view, the absence of health problems is synonymous with better health and worse health is not distinct from higher levels of health problems. A 1988 Canadian report⁴⁵ offered a conceptualization that, consistent with the WHO assertion of health being more than the absence of disease, views a *mental health continuum* and a *mental health problem continuum** as independent from each other.

In this view, someone with a mental health problem can still have a high level of positive mental health whereas someone without a mental health problem can still be seen as low on a mental health scale. Just as a person with a broken leg can still be seen as an otherwise healthy person, so too can a person with a mental health problem. For example, someone with a diagnosable mental health problem like depression or schizophrenia may still range broadly from high to low levels of emotional, psychological, or social well-being, and the same can be said for those without mental health problems. Many people are able to manage the symptoms of mental health problems, even serious mental illness, and maintain a positive sense of well-being, a network of healthy relationships, and high levels of functioning and social contribution.

Figure 2.1 The Dual Continuum Model of Mental Health and Mental Illness⁴⁶



*The document and figures refer to mental illness; however the concept of the second continuum similarly applies to all mental health problems.

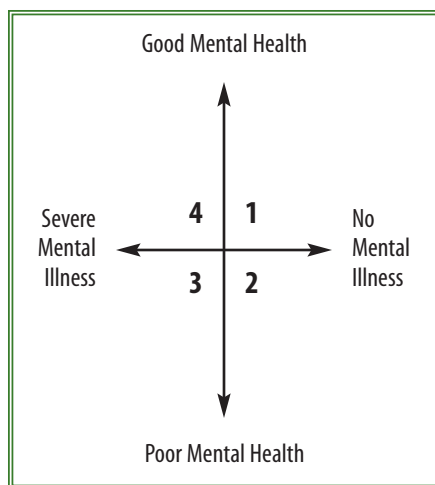
Conversely, many people who have no serious or diagnosable mental health problems may still be lacking in terms of good mental health. As Weissberg and Greenberg noted, “Young people who are neither drug abusers, teen parents, in jail, nor dropouts may be considered “problem free” and yet may still lack skills, attitudes, and knowledge to be good family members, productive workers, and contributing members of the community⁴⁷.”

Two recent developments brought attention to this conceptualization. First, a 2003 report from the Public Health Institute of Scotland on child mental health highlighted this model as a useful way of thinking about mental health⁴⁶. Second, recent research has shown evidence of the distinctness of a positive mental health continuum from a mental health problem continuum³⁰. While the two factors were correlated, they were also found to operate independently.

The following graphics came from a report called *Valuing Mental Health: A Framework to Support the Development of a Provincial Mental Health Policy for Newfoundland and Labrador*, September 2001³⁵.

Using this approach, while mental health can broadly refer to one’s overall well-being, there is utility in distinguishing between the continuum that refers to illness, referred to in this monograph as “mental health problems,” and the continuum that refers to wellness, referred to as “positive mental health.”

Figure 2.2 The Dual Continuum Model Represented as Quadrants



The quadrants can be explained as follows:

- Quadrant 1:** people have good mental health and no mental illness.
- Quadrant 2:** people may have severe stresses on their mental health but do not have a mental illness.
- Quadrant 3:** people may have mental illnesses but still have good mental health. With a secure income, strong support from family and friends, a home and a job to return to after episodes of illness, a person may cope well with the challenge of having a mental illness.
- Quadrant 4:** people have mental illnesses and also severe stress on their mental health. They may be unemployed, living in poverty and poor housing, with little family or social support. They may experience stigma and discrimination and have little access to education and satisfying work opportunities. Quadrant 4 represents the people with the greatest needs for both mental health services and community support.

While positive mental health is still an evolving concept and has only recently been receiving scientific attention, most recent definitions identify two underlying dimensions. One dimension pertains to “feeling well” and is sometimes referred to as a subjective sense of well-being, pleasure, happiness or emotional satisfaction. The other dimension pertains to “doing well” and can be described as psychosocial functioning, meaningfulness, fulfillment, flourishing, psychological strength, and flow⁴⁸⁻⁵⁴. In terms of children’s mental health, the 2009 IOM report on prevention uses the term “developmental competencies” to refer to a concept very closely related to the “doing well” dimension²¹.

Keyes provides one of the most comprehensive analyses of positive mental health^{29,30}. Keyes reinforces the idea that positive mental health can be enhanced and optimized regardless of the presence of illness, disorder, problem, or disease. He points out that the absence of mental health problems does not imply the presence of positive mental health, and the absence of positive mental health does not imply the presence of mental health problems⁵⁵.

Keyes incorporates “feeling well” and “doing well” dimensions into a single positive mental health scale, and describes high levels of this sense of positive health as “flourishing,” in contrast with “languishing,” or lacking well-being³⁰. His research has shown that flourishing people without mental disorders report fewer missed or shortened days of work, healthier psychosocial functioning (i.e., low helplessness, clear goals in life, high resilience, and high intimacy), lower risk of health problems or chronic disease, fewer limitations on daily living, and lower health care utilization than people without disorders who have moderate or poor positive mental health. Furthermore, people with a mental illness and moderate or high levels of positive mental health were shown to function no worse than people without mental illness but with low levels of positive mental health³⁰.

How the terms are used in this monograph...

Positive mental health: high levels of life satisfaction and positive affect (emotional well-being) and psychosocial functioning (psychological and social well-being).

Mental health problems: the spectrum of mental problems ranging from serious mental illness to problematic behavior that has been shown to indicate later mental disorders.

D. Mental Health of a Community

First, it is important to note that the term “community mental health” is rarely used to refer to the mental health of a community. Instead, it refers to a system of services provided to those with particular mental health needs that are delivered at the community level. Specifically, it refers to a movement toward decentralized care in the early 1960s in which local care would reduce the needs for institutionalization. Therefore, when discussing the relative health levels of communities, the term mental health of a community is preferable to community mental health.

The mental health of individuals within a community and the mental health of the whole community are interrelated and dependent upon one another. For example, Herrman (2008) points out that, “Just as the mildest subclinical degree of depression is associated with

impaired functioning of individuals, so surely the average mood of a population must influence its collective or societal functioning⁵⁶.”

The mental health of a community can be viewed and assessed two different ways. On one hand, the mental health of a community can be seen as a simple aggregation of the mental health or well-being of the individuals within the community. On the other hand, there are some traits that can be identified to describe a healthy community that are distinct from those used to describe an individual, and the mental health of a community can be seen as the degree to which those traits are present. For example, a mentally healthy community might offer opportunities that foster its members’ sense of belonging within that community, so the degree to which those opportunities are present might be seen as a measure of that community’s mental health. A community’s mental health might also be assessed by the degree to which supports and services are provided that help community members optimize their mental health and address their mental health problems.

How the terms are used in this monograph...

Mental health of a community: the collective well-being of a community, as indicated by the aggregated well-being of the members of the community and community characteristics that are indicative of well-being.

Intervention Language

A. Intervention/Intervene/Intervening

In mental health care, the word intervention is often used to describe a clinical action or program focused on a system or an individual that is intended to change the course of a developmental concern or a disorder. For example, behavior modification is considered an intervention. In this context, intervention is sometimes referred to as part of a continuum of actions that moves from promotion to prevention to intervention.

The use of intervention in this way is limiting and can cause confusion. Researchers and practitioners in the areas of promotion and prevention also refer to their efforts as interventions. For example, the landmark 1994 IOM report on prevention had “preventive intervention research” in its title, there are numerous preventive intervention centers throughout the country, and “health promotion intervention” and “promotive intervention” are both found frequently in the promotion literature. The use of the term intervention, therefore, must be defined.

This monograph advocates for the term intervention to broadly refer to a variety of efforts that create positive change in children’s mental health. These efforts could take many forms, including public policy making, shaping social or physical environments, program and service delivery, education, and social marketing.

A conscious decision has also been made to use intervention terms in their verb tense for this monograph when discussing the proposed public health framework. In contrast to noun form, the verbs suggest processes that are active and ongoing. The verb form invites flexibility

around who is doing the actions, a reminder that intervening can mean an individual acting on his or her own behalf or a third party such as a policy maker, clinician, or program director, acting on behalf of others.

How the terms are used in this monograph...

Intervention/intervene/intervening: any effort that attempts to change a current situation with an individual, group, subpopulation*, or population.

B. Early Intervention/Intervening

The term “early intervening” is used in two very distinct ways. Fields like education use early intervention to refer to the process of identifying developmental delays and providing services early in a child’s life. The age range may include children birth to age three⁵⁷, or it may include ranges as wide as birth to age eight⁵⁸. In either case, intervening occurs early in life to assure that problems and delays have not had long to manifest themselves.

The field of mental health care, on the other hand, uses early intervention to refer to clinical or preventive services for a person *of any age* that begin prior to or in the early stages of a mental health problem. In this case, intervening with young children is included as part of early intervention, but so is screening for depression with elderly populations.

In order to reduce confusion, the term “early childhood intervention” has been increasingly used to describe interventions for young children. Nevertheless, the term early intervention is still used interchangeably in some instances. For example, Part C of the Individuals with Disabilities Education Act (IDEA) still uses the term early intervention to describe services for infants and toddlers to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide for appropriate intervention to improve child and family development.

How the terms are used in this monograph...

Early Intervening: intervening prior to or in the early stages of a mental health problem.

Early Childhood Intervening: intervening with young children to identify developmental delays and provide services that optimize positive mental health and minimize mental health problems.

C. Promoting

The meaning of the term promoting has been steadily evolving in public health contexts. Health promoting as defined by the World Health Organization is the process of enabling people to control and improve their health (see full text in Text Box 2.2). The American Journal of Health Promotion describes it as “the science and art of helping people change their lifestyle to move toward a state of optimal health.”

Nevertheless, due to ambiguity between promoting and a related term, preventing, the term promoting still causes a great deal of confusion. Because of the central role they play in

*“Subpopulation” refers to a subset of the whole population and can be special populations or populations of focus.

understanding a public health approach, both promoting and preventing are discussed in greater depth in Chapter 3. The descriptions in this chapter will simply present the most current understanding of how the terms are used.

To promote positive mental health is to focus on optimizing mental health and well-being among populations and all individuals (as opposed to preventing health problems) through influencing environmental determinants and enhancing individual skills. Communities promote positive mental health in an ongoing, planned manner that includes addressing public policy; creating supportive environments; strengthening community action/participation; developing personal skills of its members; and re-orienting health services⁴³.

Text Box 2.2

Health Promotion

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being."

World Health Organization, Ottawa Charter for Health Promotion (1986). Downloaded from http://www.euro.who.int/AboutWHO/Policy/20010827_2

How the terms are used in this monograph...

Promoting: intervening...

- to *optimize* positive mental health by addressing determinants* of positive mental health
- *before* a specific mental health problem has been identified in the individual, group, or population of focus
- with the ultimate goal of improving the positive mental health of the population

*See definition of "determinants of health" below

D. Preventing

The WHO has defined prevention as focusing on *the cause of disease* or mental disorder. The surgeon general defines preventive interventions as efforts that prevent the initial onset of a mental disorder, emotional/behavioral problem, or a co-morbid disorder. Over the past few decades the mental health care system has increased its focus on prevention; the early childhood community has made prevention a core part of their framework. And yet, there remain discrepancies in how the term is used.

Historically, the public health approach to prevention has been organized into three categories based on the presence of disease symptoms or problem behaviors. The three categories are *primary* prevention when disease is absent, *secondary* prevention when symptoms are present but a disease is still emerging and the focus is on early detection, and *tertiary* prevention when a disease is present and the focus is on symptom reduction. A 1994 IOM report noted that the primary/secondary/tertiary approach created the confusing situation in which activities that occur *after* the onset of a disorder are still referred to as prevention activities³⁷. The report noted that secondary and tertiary prevention might more accurately be described as subsets of treatment rather than prevention.

In response to their concerns, the IOM (1994, 2009) proposed a system specifically for prevention in the mental health field that was based on risk level for disorder^{29,37}. The IOM system includes *universal prevention*, or intervening with people with unknown risk level for disorder, *selective prevention*, or intervening with people with some known risk for disorder, and *tertiary prevention*, or intervening with people who already have some symptoms and, therefore, are at high risk for disorder. It should be noted that the three terms adopted by the IOM reports—universal, selective, and indicated—all fall under the primary prevention category in the public health classification, and that the IOM reports refer to secondary and tertiary prevention as subsets of treatment rather than prevention (see Table 2.1).

Table 2.1 Approximate Correspondence Between Two Primary Categorizations of Preventive Interventions in Mental Health			
Purpose of Intervention	Population of Focus for the Intervention	Traditional Public Health Intervention Categories	IOM Report Intervention Categories
Prevent future cases of a disorder	Whole population	Primary Prevention	Universal Prevention
Prevent future cases of a disorder	Subpopulation with elevated risk		Selective Prevention
Prevent future cases of a disorder	Subpopulation showing some symptoms but not diagnosable disorder		Indicated Prevention
Identify disorder early, reduce symptoms, cure disorder, and/or limit disability	Subpopulation with disorder, but often undetected and with mild manifestations	Secondary Prevention	Treatment
Slow progression of disorder and minimize complications	Population with full-blown disorder	Tertiary Prevention	Treatment

This paper, and the conceptual framework in Chapter 5 in particular, use prevent/prevention in the way described by the IOM system. Prevention describes interventions *prior* to the identification of and focus on a particular mental health problem. However, the discussion and tables in Chapter 5 also show how the terms from both approaches (primary/secondary/tertiary and universal/selective/indicated) map onto the framework.

How the terms are used in this monograph...

Preventing: intervening...

- to *minimize* mental health problems by addressing determinants* of mental health problems
- *before* a specific mental health problem has been identified in the individual, group, or population of focus
- with the ultimate goal of reducing the number of future mental health problems in the population.

*See definition of “determinants of health” below.

E. Treating

At the point where a mental health problem interferes with a child's ability to manage his or her daily life, it becomes necessary to treat that child's problem. When treating a child or subpopulation of children, the focus is on addressing and mitigating, diminishing or eliminating the effects of the symptoms and/or disease, and restoring the child or population of children to a problem-free state. Examples of treating for children's mental health problems and illnesses include the following: 1) formal evidence-based interventions that are applied to diagnosed disorder; 2) supports in response to a problem; 3) drug therapy, and 4) a range of formal, informal and community wide approaches. Treating is dependent on the identification of and focus on mental health problems and symptoms or the formal diagnosis of a disorder or disease.

How the terms are used in this monograph...

Treating: intervening...

- to *diminish* or end the effects of an identified mental health problem
- *after* a specific mental health problem has been identified in the individual, group, or population of focus
- with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus.

F. Re/Claiming

The framework presented in this monograph identifies a new area of intervening. Re/Claiming health involves a focus on optimizing health in the presence of a mental health problem or illness. The term reclaiming is new in the context of mental health intervening and is explained in more detail in Chapter 4.

How the terms are used in this monograph...

Re/Claiming: intervening...

- to *optimize* positive mental health while taking into consideration an identified mental health problem
- *after* a specific mental health problem has been identified in the individual, group, or population of focus
- with the ultimate goal of improving the positive mental health of the population of focus.

Other Public Health Language

A. Population, Community

Public health refers to “the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services” (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999 p.13).

To engage in public health is to be concerned with the health of a population, which can sometimes be referred to as a community or group. All three terms, population, community and group, refer to a unified body of individuals who share some common trait⁵⁹. A group

defined by a location might include a neighborhood, small town, tribal community, school, daycare, YMCA, or a faith-based organization. A group defined by shared interests and/or culture might include gay, bisexual, lesbian or transgender groups, specific ethnic groups, communities of faith, or advocacy organizations. The term group is preferred in this monograph because the term is more commonly used across different settings and is more inclusive of multiple jurisdictions.

How the terms are used in this monograph...

Group, Population, Community: a unified body of individuals that share a common geographical area, a common social, religious, or cultural background, or a common defining characteristic (interest, aim, occupation, etc.).

B. Data Gathering/Epidemiology/Surveillance/Monitoring

There is an important distinction between data collection in the practice of public health and in the practice of health care. Health care practitioners collect data on an individual patient by taking a medical history and conducting a physical exam, whereas public health practitioners collect data about an entire population through what are referred to as surveillance systems or descriptive epidemiological studies. Epidemiology is the basic science of a public health approach. Epidemiologists use quantitative data to study frequencies and patterns of health within groups in a population⁶⁰. Surveillance refers to the ongoing, systematic collection, analysis and interpretation of health related data essential to the planning, implementation and evaluation of public health practice.

The process of surveillance is integral to the practice of public health. Across all domains, surveillance can serve to document health conditions in communities, helping to set priorities and guide policies and strategies. Data provide information about progress and can serve as an early warning system in the case of crisis situations. Data also inform partners about the effectiveness of the interventions selected and provide insight to guide continuous quality improvements.

There is some concern about use of the term surveillance, however. To the general public, the term surveillance is most commonly associated with spying and observing people under suspicion for wrongdoing⁶¹. People may have especially strong reactions to surveillance of mental health as opposed to physical health, in part because mental health may be seen as more private, because of concerns about stigmatization, or because of some groups' opposition to the concept of diagnosis and pharmaceutical treatment of mental health problems. While the term surveillance has a more benign use in a public health context, potential misunderstanding and strong reactions that may be generated when discussing mental health surveillance, particularly by government institutions, have led to the use of different terms in this document (i.e., data gathering, monitoring).

How the terms are used in this monograph...

Data Gathering: the process of gathering information about: 1) mental health needs, gaps, strengths, 2) determinants of mental health, 3) mental health outcomes, both positive mental health and mental health problems, and 4) the effectiveness of interventions that impact mental health.

C. Determinants of Health

The various factors that influence the good or bad health of a population are often referred to in public health arenas as determinants*. They are often organized from specific to broad in the categories of individual, family, school, peer group, community, and society at large. Determinants of health are discussed in more depth in the next chapter, but social determinants merit special attention here.

Determinants can be categorized into four different realms: biological, physical/geographical, social, and economic. While interventions can address determinants from any of the environmental categories, most interventions that focus on children's mental health address factors from children's social environments.

Social determinants includes any determinants of health that fall within the social domain. This view includes factors from a child's immediate social environment, such as family, peer, school, neighborhood, and community, as social determinants. This broad understanding of the term is used in this monograph.

It is worth noting, that the field of "population health" (discussed further in Chapter 3), uses the term social determinants of health to refer to *broad* social factors that are linked to *inequalities* in the conditions in which people live, work and age, and that, in turn, lead to inequalities in health. Several health organization and public agencies, as well as some European countries and Canada, have formally recognized the influence of social factors on health. In 2005, the World Health Organization established a Commission on the Social Determinants of Health to provide an intellectual foundation for a social determinants approach to health and health equity and build a global movement for health equity. However, in this monograph, "social determinants" is used in the broad sense as used in the paragraph above.

How the terms are used in this monograph...

Determinants of Health: factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.

Social Determinants of Health: factors in the social, economic, and political environment that contribute to or detract from the health of individuals and communities, such as socioeconomic status, transportation, housing, access to services, family environment, peer environment, school environment, and social differences in populations (e.g., class, status, education, occupation, income/assets, gender race/ethnicity, religion, age, residence).

*The 2009 IOM report on preventing disorders in children also uses the term determinants in this way.

D. Risk and Protective Factors

In the arena of prevention, determinants of health are specifically referred to as risk and protective factors. A risk factor is something that is likely to increase the chances that a particular negative event will occur, while a protective factor decreases the chances that a negative event will occur. They address both the positive and negative exposures that all young people have as they grow and develop.

The concepts of risk and protection are specific to prevention, because they refer exclusively to factors that affect the chance of developing problems. Risk refers to risk of developing a problem and protection refers to protecting against a problem. There are no directly corresponding terms in the health promotion context, which focuses on positive health rather than problems. Therefore, for the purposes of this monograph, the term *determinants* is used to refer to all factors that impact mental health, including risk and protective factors.

How the terms are used in this monograph...

Risk and Protective Factors: The term *determinants* is preferred in this monograph. Determinants incorporate both risk and protective factors while also including predictors of positive mental health.

E. Values and Principles

The terms values and principles are often used interchangeably⁶². On the other hand, when distinctions are made between the two terms, those distinctions are rarely consistent^{63,64}. Further discussion of how the terms are used in the monograph is provided in Chapter 4.

How the terms are used in this monograph...

Values: ideals that members of a society regard as desirable and that serve as beacons to implement the approach.
Principles/Guiding Principles: guidelines for action or conduct.

Table 2.2 Summary Table of Key Terms

Term/Phrase as Used in this Monograph	Related Terms or Terms Sometimes Used Instead
OUTCOMES AND INDICATORS LANGUAGE	
Outcome: the result or consequence of an action or intervention.	Indicator, Goal, Objective
Indicator: data collected to quantify and describe an outcome.	Outcome, Benchmark, Correlate
Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity that enables people to lead socially and economically productive lives.	Well-Being, Absence of Disease
Mental health: a state of well-being in which the individual realizes his or her own abilities, can cope with the common stresses of life, can have fulfilling relationships with other people, can work productively and fruitfully, and is able to make a contribution to his or her community. ¹	Social and Emotional Well Being, Social-Emotional Development, Social-Emotional Learning, Positive Mental Health
Positive Mental Health: high levels of 1) life satisfaction and positive affect (emotional well-being) and 2) psychosocial functioning (psychological and social well-being).	Mental Health Problems, Well-being
Mental Health Problems: the spectrum of cognitions, behaviors, or attitudes that interfere with people's ability to function in relationships and/or professional or academic settings, ranging from serious mental illness to problematic behaviors that indicate later mental disorders.	Mental Illness; Cognitive, Emotional, Mental or Behavioral Disorders; Behavior Problems
Mental health of a community: the collective well-being of a community, as indicated by the aggregated well-being of the members of the community and community characteristics that are indicative of well-being.	Community Mental Health
Community mental health: a system of services provided to those with particular mental health needs that are delivered at the community level. Specifically, it refers to a movement toward decentralized care in the early 1960s in which local care would reduce the needs for institutionalization.	Mental Health of a Community
INTERVENTION LANGUAGE	
Intervention/Intervene/Intervening: any effort that attempts to change a current situation with an individual, group, subpopulation, or population.	Treatment (narrow use of Intervention)
Early Childhood Intervening: intervening with young children to identify developmental delays and provide services that optimize positive mental health and minimize mental health problems.	Early Intervening
Early Intervening: intervening prior to or in the early stages of a mental health problem or other health concern.	Early Childhood Intervening

Table 2.2 Summary Table of Key Terms			
Term/Phrase as Used in this Monograph			Related Terms or Terms Sometimes Used Instead
OTHER PUBLIC HEALTH LANGUAGE			
Population: a unified body of individuals that share a common geographical area, a common social, religious, or cultural background, or a common defining characteristic (interest, aim, occupation, etc.).			Group, Community
Group (for purposes of this monograph/EES): an organization or collective working to implement a public health approach to children's mental health			Partnership, Coalition, Collaborative, Community
Data Gathering: the process of gathering information about: 1) mental health outcomes, both positive mental health and mental health problems, 2) the determinants of mental health, and 3) the use and effectiveness of interventions that impact mental health.			Epidemiology, Surveillance, Monitoring, Assessment
Determinants of Health: factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.			Social Determinants of Health
Social Determinants of Health: any factors in the social, economic, and political environment that contribute to or detract from the health of individuals and communities, such as socioeconomic status, transportation, housing, access to services, family environment, peer environment, school environment, and social differences in populations (e.g., class, status, gender, education, income/assets, race/ethnicity, religion, age, residence).			Narrower use omits factors from more immediate environments, such as family, neighborhood, school, housing, etc.
Values: ideals that members of a society regard as desirable and that serve as beacons to implement the approach			Guiding Principles, Beliefs
Principles/Guiding Principles: guidelines for action or conduct			Values, Assumptions, Beliefs
TYPES OF INTERVENTIONS			
Promote ...is to intervene...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health by addressing determinants* of positive mental health 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population
Prevent ...is to intervene...	<ul style="list-style-type: none"> to <i>reduce</i> mental health problems by addressing determinants of mental health problems 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of reducing the number of future mental health problems in the population
Treat ...is to intervene...	<ul style="list-style-type: none"> to <i>diminish</i> or end the effects of an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus
Re/Claim ...is to intervene...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health while taking into consideration an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population of focus

*Determinants of health are factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.

Summary

This chapter was designed to encourage and facilitate discussion about language. The process of envisioning, planning for, and implementing a public health approach to children's mental health requires communication. To some, the communication processes of choosing and defining language may feel tedious and seem over-emphasized. However, making decisions about terms is important. Miscommunication and misperception about meaning can create significant conflict, especially among groups comprised of diverse members. When conflict occurs long after work has begun, resolving the conflict can be difficult and work can become delayed or stalled altogether. In contrast, generating dialogue about *how* to communicate with one another and with others outside of the group about the work can set the stage for efficient communication and can create a sense that the group is moving towards a common goal.

This chapter presented many of the terms central to a public health approach to children's mental health and identified issues associated with those terms. The first section focused on child outcome terms, the second section detailed intervention terms, and the third section described terms that are specific to public health. In each section, terms were described, issues were identified, and solutions were offered that also describe how this monograph uses the terms. The next chapter provides further depth on public health concepts and some important public health terms, particularly those that are most relevant to a new approach to children's mental health.

Key Concepts of a Public Health Approach

Anti-smoking campaigns, mandatory use of car seats, bans on trans fat, fluoride in water, national nutrition guidelines, prenatal care, lead abatement and fitness initiatives: these are all public health efforts that have had a profound and positive affect on the health of our nation. Finding examples of effective public health interventions is easier than finding consensus on what public health and a public health approach really mean. Like many of the terms discussed in the previous chapters, a public health approach can mean many things to many people. However, before any community or group begins to apply a public health approach to children's mental health, it is important for that group to have a clear picture of just what a public health approach involves.

This chapter will present what the term *public health approach* has come to mean within the field of public health, as well as in other settings. First, the chapter will provide some brief background on recent developments in the field that have impacted the current thinking. Next, the chapter will provide an overview of the following key concepts:

- Population focus
- Promotion and Prevention
- Determinants (including Risk/Protective Factors)
- Processes/Action Steps (Public Health Core Functions/Essential Elements)

It should become clear from reading this chapter that truly implementing a public health approach, whether with children's mental health or in other contexts, entails understanding and adopting the central meaning of all of these key concepts. It is important to understand public health concepts prior to adapting these concepts to address children's mental health, particularly because they are so central to the work of vital partners from the field of public health.

Background

History of Public Health

Public health has had a long and distinguished history of improving conditions for health (see Text Box 3.1). During the period following World War II alone, the field of public health led the way in developing policies and structures that shaped the environment to promote health and combat illness and injury. These improvements, most of which are now taken for granted, include reductions in infant mortality, disease control through immunizations, diet and exercise, fluoridation of water supplies, waste treatment, food safety, smoke free environments, seat belt laws, and designated drivers*.

Despite these advances, the concept of public health was still not widely known outside of the public health profession. In 1988, a report by the Institute of Medicine (IOM) titled, *The Future of Public Health*, was essentially a call to action for the nation and for the public health field². This report offered a broad definition of public health that is in wide use today. The report said public health is “what society does collectively to assure the conditions for people to be healthy.” This emphasis on conditions provided one of the underpinnings for the current understanding of a public health approach.

The 1988 IOM report also had a large influence on another effort led by the US Department of Health and Human Services (HHS). As part of the Healthy People 2000 project in 1994, HHS adopted a vision and mission statement called *Public Health in America* that put forth a vision and mission for public health and described ten essential elements of the process of implementing a public health approach³.

Eight years later, in 2002, the IOM released a report that built upon the concepts of their 1988 report. This report, *The Future of the*

Text Box 3.1

Landmarks in Children's Public Health in the US:

- 1798: US Marine Hospital Service—early US Public Health Service
- 1800: Smallpox vaccination in the U.S.
- 1840: Public School Movement
- 1855: First Children's Hospital
- 1881: Abolition of Child Labor becomes top priority for American Federation of Labor (AFL)
- 1874: Society for the Prevention of Cruelty to Children established
- 1879: American Medical Association (AMA) Section: Diseases of Children
- 1888: American Pediatric Society
- 1894: School Inspections
- 1909: Prevention of Infant Mortality
- 1918: Establishment of Schools of Public Health
- 1920: Cities of 100,000+ Provide Maternal & Child Health
- 1938: Initiation of the March of Dimes
- 1954: Polio Vaccine Developed
- 1975: Education of All Handicapped Children Act
- 1984: Child Safety Seats
- 1991: Healthy Start Initiated
- 2000: Oral Health in America
- 2002: No Child Left Behind Act

The World Health Report 2007—A safer future: global public health security in the 21st century, Chapter 1, Timeline of significant events in public health. Downloaded from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>

*While these efforts have had meaningful impact on the health of Americans, it should also be noted that they may not have benefited all racial and ethnic groups equally, particularly since significant health disparities between groups remain.

Public's Health in the 21st Century⁶⁵, examined both the governmental component of the public health system and the potential contributions of other sectors and entities. A central point of the 2002 report was that while governmental public health entities form the backbone of the public health system, government cannot do it alone. The report put forth a vision that suggests that public health is the responsibility of all Americans and is a multi-sector commitment. The report embraced the 1994 Public Health in America's Vision and Mission and continues to shape the work of public health today³.

Different Terms That Refer to Public Health

When people use the term “public health” they may sometimes be referring to the “public health system,” the “public health profession,” the “public health field,” the “public health authority,” or the “US Public Health Service” rather than a public health approach. Public health can also connote the idea of “services” such as primary care, maternal child health, immunizations, clinics, flu shots, and water and sanitation services. All of these services are legitimately part of what is known as public health. A public health approach, however, refers to a *way* of impacting health rather than a service or entity that impacts health. The components of that approach have often been the topic of disagreement, but recently a clearer consensus has begun to emerge.

In the past, a public health approach has sometimes been used interchangeably with the term “population health approach” to describe any health effort with a focus on populations rather than individuals. The image of a pyramid has been used to portray this population approach, with efforts directed at the entire population at the bottom of the pyramid, efforts directed at identified populations in the middle, and intensive services for those in greatest need at the top.

At other times a public health approach has been used to refer to a process of data collection, intervention development and evaluation. To some it has been synonymous with promoting health, preventing illness, and prolonging life. To many, it has implied a combination of all of these and more. In order to provide clarity about what constitutes a public health approach in the context of this monograph, the following section identifies four central concepts, distilled from multiple perspectives on public health, that form the core meaning of a public health approach upon which the conceptual framework for children's mental health is based.

Defining Public Health and a Public Health Approach

Finding examples of effective public health interventions is easier than finding consensus on how to define public health and a public health approach. However, before any community or group begins to apply a public health approach to children's mental health, it is important for that group to have a clear understanding of public health concepts.

There is no single, agreed-upon definition of a public health approach and different people and documents place emphasis on different concepts and processes. However, across the many public health documents, models, and conversations, four core concepts repeatedly

emerged. The four concepts common to virtually all views of a public health approach are that it: (1) focuses on populations, (2) emphasizes promotion and prevention, (3) addresses determinants of health, and (4) requires engaging in a process that involves a series of action steps, most commonly referred to as (a) assessment, (b) policy development, and (c) assurance. These four key concepts are defined in Table 3.1 below and further described later in this section. In addition, there are three other concepts that, while less consistently identified as definitive, repeatedly emerged in discussions about a public health approach and, further, that naturally ensue when the first four concepts are implemented. These additional concepts are that public health: (1) intervention often means broad environmental and policy change, (2) uses a multi-system, multi-sector approach, and (3) implementation strategies are adapted to fit local needs and strengths. Each of these features is defined in Table 3.1 below and the four key concepts are described in further detail on the following pages.

Table 3.1 Defining Concepts of a Public Health Approach	
Public Health Concept	Definition
FOUR DEFINING CONCEPTS OF PUBLIC HEALTH AND A PUBLIC HEALTH APPROACH	
Focuses on Populations	Public health thinks about, intervenes with, and measures the health of the entire population and uses public policy as a central tool for intervention.
Emphasizes Promotion and Prevention	In public health, the focus includes preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal health.
Addresses Determinants of Health	Interventions guided by a public health approach focus on addressing determinants of health. Determinants are malleable factors that are part of the social, economic, physical, or geographical environment, can be influenced by policies and programs, and contribute to the good and poor health of a population.
Engages in a Process Based on Three Action Steps	A public health approach requires implementation of a series of action steps. In the most widely recognized public health model, those action steps are: (1) assessment, (2) policy development, and (3) assurance, although some models place more emphasis on intervention. In this process, data are gathered to drive decisions about creating or adapting policies that support the health of the population, and efforts are made to make sure those policies are effective and enforced.
THREE ADDITIONAL CONCEPTS THAT ARE ALSO CENTRAL TO PUBLIC HEALTH AND A PUBLIC HEALTH APPROACH	
Intervention Often Means Changing Policies and Broad Environmental Factors	Focusing at a population level requires addressing determinants that affect whole populations. Sometimes determinants can be addressed one child at a time through individual- or family-level interventions, but it is often more effective to make changes at broader levels by changing policies at the school, community, state, or national level or by changing environments to which large numbers of children have exposure.
Uses a Multi-System, Multi-Sector Approach	There is no single entity that has sole responsibility for impacting children's mental health. Since children are constantly impacted by many formal and informal systems and sectors, changing environments in a meaningful way to positively impact children necessitates the involvement of all of those systems and sectors.
Implementation Strategies Are Adapted to Fit Local Needs and Strengths	The three process/action steps support the integration of local needs and strengths. Public health recognizes that population-level change is not achieved by a one-size fits all approach since populations are made up of communities with divergent needs, resources, values, etc. Activities like what to measure and how to intervene are examples for which local adaptation is not only appropriate but fostered.

Key Concepts

Population Focus

The first central concept of a public health approach is that public health requires a focus on the health of entire populations. Initially, this meant fighting widespread disease and other direct threats to the health of a population such as contaminated drinking water. More recently, it has been broadened to mean trying to change a population's *behaviors* to combat chronic disease like cancer and heart disease and to address *indirect* threats to health. An example of a behavior change effort would be reducing smoking at the population level, and an example of addressing an indirect threat to health would be changing automobile safety standards to reduce risk of injury.

A population focus does not need to imply a one-size-fits-all approach to intervention. Indeed, a population-focused approach incorporates the notion that what is best for individuals within a population is best for the population. In many instances a community level intervention may involve a program that is offered throughout the community but delivered at the individual level or focuses on changing individual level behaviors. In some instances, particularly with some cultural and ethnic groups, a community level intervention may be delivered to a family or small group instead. Nevertheless, one of the most basic notions that distinguishes public health from the rest of health care is that public health thinks about, intervenes with, and measures health at the population level.

One of the most important implications of this population focus is that people in the field of public health see public *policy* as the primary vehicle for intervention. Setting policy is an efficient way to set a direction for entire agencies, systems, or sectors. Some public health policy decisions are regulatory, some are programmatic, and some pertain to resource allocation, but all are instrumental to a comprehensive public health approach. Programs like fluoridation of drinking water, automobile safety standards, universal immunization, and anti-smoking campaigns all resulted from informed decisions made by policy-makers who, in partnership with scientists and community advocates, recognized the importance of protecting and enhancing the health of the public for the good of the larger society. While it is possible to impact the public's

“We must be alert to the health benefits, including less stress, lower blood pressure, and overall improved physical and mental health, that can result when people live and work in accessible, safe, well-designed, thoughtful structures and landscapes.”

RICHARD JACKSON, MD, MPH,
FORMER DIRECTOR OF CDC'S
NATIONAL CENTER FOR
ENVIRONMENTAL HEALTH

“Population health differs slightly from public health in that it focuses almost entirely on understanding the broadest determinants of health for whole populations and specifically addressing inequities in such areas like poverty, education, social connections, access to health care, safety and other issues that impact physical and mental health.”

health through other interventions, policy-making at a governmental level—city, county, region, state or federal—remains the primary context within which the public health field operates.

Two recent expansions of the population-focused approach. Two new developments in public health have helped frame a population focus in a broader context. First, public health has seen a recent movement toward incorporating “healthy public policies” into all policy domains. This approach recognizes that all policies, even those without a seeming health link have potential impact on the health of the population, and policy makers are urged to consider the potential health impact of every policy they enact.

For example, there has been an increased awareness of the link between mental health and the built environment, but mental health is only now beginning to be addressed through policies for housing, urban development, land use, transportation, industry, agriculture, and employment. Furthermore, the impact these policies have on issues of racial, cultural, and ethnic health disparities is only now beginning to be understood^{66, 67, 68}. The Center for Disease Control has established the Healthy Places website to inform the nation about the effects

of different community design choices. The web site provides information about the effects of choices about the built environment on the physical and mental health of community members, such as the stress-inducing effects of community zoning policies that put long distances between suburban housing and access to shopping, schools, and jobs.

The second advancement of the population focus concept occurred in the 1980s when the distinct discipline of *population health* started to become an area of scientific and policy interest worldwide. Population health differs slightly from public health in that it focuses predominantly on understanding the broadest determinants of health for whole populations and specifically addressing inequities in areas like poverty, education, social connections,

Text Box 3.2

Healthy Public Policy Definition

The World Health Organization (WHO) defines “healthy public policy” as: “characterized by an explicit concern for health and equity in all areas of policy and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing.”

World Health Organization (1998) Health Promotion Glossary.
Downloaded from http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

Text Box 3.3

Summary: What is a Population Focus within the Context of the Public Health Approach?

• Main points:

1. Think about, intervene with, and measure health at a level broader than the individual.
2. Use public policy as a central tool for intervention.

• Recent additions in public health policy making:

1. Consider the potential impact on health of *all* public policies, whether directly health related or not.
2. Address global determinants like poverty, access to resources, and quality of the larger environments that have impact at the broadest level.

access to health care, and resource distribution. It is based on the observation that trying to improve health by intervening with individual or family level variables may be pointless if there is a community-wide variable like inadequate access to health care standing in the way of good health. For example, addressing the problem of childhood asthma only by intervening with individual children is not likely to have much impact if the community's poor air quality is not addressed.

Promoting and Preventing

Anyone working with public health advocates and officials will likely hear the phrase “moving upstream.” This refers to moving further and further toward the source of a problem to prevent it before it occurs, or toward identifying and promoting the conditions that support optimal health. The concepts of health promotion and prevention are so central to the work of public health that the Public Health in America mission simply reads “Promote Physical and Mental Health and Prevent Disease, Injury, and Disability³.”

“In its new incarnation, promoting seeks not just to enhance health but to optimize it, and it does so not just to prevent health problems but to enhance overall life quality, as well as social and economic productivity.”

Preventing/prevention in particular has been identified with the public health approach since the latter's inception. In fact, many of the earliest public health efforts, such as improved sanitation and water quality, are examples of preventive interventions. In recent decades, prevention science has become a fast growing field that has generated powerful evidence supporting the effectiveness of many preventive interventions. The field has also deepened the public's understanding of the determinants of health and development. The process prescribed by the public health approach ensures that new findings from prevention science continuously inform public health efforts, leading to new advances and improvements in programs and services (see Process/Action Steps section later in this chapter).

An important concept embedded within preventing is that of resilience. The International Resilience Project has defined resilience as “a *universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity*⁶⁹.”

Resilience refers to the two-part notion of first experiencing adversity and then responding in a way that reflects positive adaptation and positive health. The concept of resilience gained importance in the field of mental health care when researchers observed that the diminished ability of some parents of schizophrenic children to provide nurturing parenting had an adverse effect on some children while other “resilient” children appeared to function competently, or even thrive, in the face of this challenge. This observation led researchers to explore what characteristics of thriving children and their surroundings accounted for successful coping, and then to develop those same skills or conditions with other children. Preventive interventions in public health often adopt this resilience-building strategy by helping increase factors that lead to successful coping while simultaneously reducing the severity and frequency of exposure to adversity.

The concept of health promoting/promotion evolved later in public health circles. In fact, its early use in public health pertained to activities that promoted health in the interest of preventing health problems and disease. In other words, promoting was seen as a specific subset of preventing that used enhanced good health as its prevention tool, a use of the term promoting that is still found today.

In the last quarter century or so, however, a new understanding of promoting has emerged. In its new incarnation, promoting seeks not just to enhance health but to optimize it, and it does so not just to prevent health problems but to enhance overall life quality, as well as social and economic productivity. Health is seen as a public resource to be strengthened so as to make societies more sustainable and prepare them to meet new challenges. This new perspective on promoting is central to mental health promotion efforts in places like Australia, New Zealand, and Canada⁷⁰.

Distinction between preventing and promoting. The 1994 IOM report on the prevention of mental disorders acknowledges that it is sometimes difficult to distinguish between prevention and promotion in practice and that working toward one often can result in the other³⁷. The report suggests that prevention and promotion may be particularly difficult to differentiate when the prevention activity is focused on enhancing protective factors more than reducing risk factors. However, the report emphasizes that there are enormous conceptual and philosophical differences between the two, with the crux of the issue being that health promotion is driven by a focus on the enhancement of health and well-being and prevention operates from an illness model based on reducing problems, disorders, and risk. Even though the prevention model uses a positive term like protective factors, it does so with a focus on protecting against illness rather than enhancing well-being.

In its 2009 update of the 1994 report, the IOM revisited the distinction between prevention and promotion:

“The primary charge for this committee is prevention, but we add to our focus the emerging field of mental health promotion, an important and largely ignored approach toward building healthy development in all young people... There is agreement that mental health promotion can be distinguished from prevention of mental disorders by its focus on healthy outcomes, such as competence and well-being, and that many of these outcomes are intrinsically valued in their own right... The committee’s inclusion of mental health promotion in the purview of the mental health field is also consistent with the recognition that health promotion is an important component of public health that goes beyond prevention of disease (Breslow, 1999). Indeed, health has been defined not simply as the absence of disease, but in a positive way as ‘a resource for everyday life...a positive concept emphasizing social and personal resources as well as physical capabilities (World Health Organization, 1986).’”

Given that most attempts to optimize health will also help prevent many health problems, and most attempts to prevent health problems will also facilitate optimization of health, it is reasonable to wonder if differentiating between the two has any practical value. Indeed, for many, including people who receive the interventions, this distinction may not have much relevance. For policy makers, developers of interventions, and implementers of interventions, however, there are three distinctions that underscore the value of understanding the difference between prevention and promotion.

First, the focus of an intervention is intertwined with decisions about what types of outcomes to measure prior to and after intervention. On one hand, data gathered about the health of a particular population like a school, a community, state, or sovereign tribal nation can help policy makers or program developers and implementers set goals for intervention. For example, one state might measure bullying problems leading them to adopt a prevention focus with anti-bullying legislation, while another state might measure school connectedness leading them to focus on promotion with social skills enhancement programs.

On the other hand, the choice of focus for the intervention also impacts decisions about data gathering. Once a decision has been made about whether the goal of the intervention is health promotion, problem prevention, or both, it is essential to collect data that reflect those goals in order to assess whether the intervention has achieved its goals; promoting positive health requires measures of positive health, preventing health problems requires measures of health problems, and a combination of both goals requires measurement of both types of outcomes.

The second distinction that has implications for intervention is that Promoting does not require a specific health problem to be identified prior to intervention. Within the public health approach, the first step for Preventing is to identify the problem to be addressed. Promoting, on the other hand, focuses on achieving positive health outcomes, so a problem does not need to be identified. Promoting can aim to go beyond problem reduction and work toward achieving optimal functioning. For example, a community might decide that it wants to implement a character education program in the schools. The ultimate goal may be to produce citizens who will be able to provide good community leadership in the future, or it may be to simply improve the quality of life of the current residents. Regardless of which goal is chosen, the point is that the goal is not limited to alleviating a particular problem.

The third distinction is an extension of the second distinction. The freedom from focusing on a particular health problem not only allows promotive interventions to aim for optimal functioning in a particular area, it also allows Promoting to address health more broadly by taking a whole health approach. Some preventive interventions opt for a more comprehensive approach than others, and indeed the recent trend is to move toward addressing risk and protective factors that predict multiple problem behaviors²⁵. Nevertheless, practical and theoretical reasons lead most prevention efforts to focus on only one or two problems. Focusing narrowly on specific problems in this way increases the risk of overlooking potential negative impacts in other areas. For example, a narrow focus on smoking prevention has been shown

to contribute to weight gain for some people, whereas an approach that focuses on whole health would be less likely to advance one aspect of health at the expense of another.

Just because an intervention is promotive does not mean it has a whole health focus. Some promotion programs also focus on a single aspect of health and those are also vulnerable to impacting other areas in unintended ways. For example, some argue that past interventions designed to promote self-esteem in children may have also led some children to develop an inflated sense of entitlement. Nevertheless, a whole health approach is a more readily available option when the goal is to promote health than it is when the goal is to prevent problems.

The public health approach values both promotive and preventive strategies. By focusing on optimizing health, Promoting can lead whole populations to higher levels of functioning. By focusing on whole health, Promoting may limit the likelihood of having adverse effects in overlooked areas. Some whole health interventions may also achieve greater benefits because different aspects of the interventions build on each other to improve their positive impact. Nevertheless, interventions that focus on addressing serious societal problems are also a critical part of the equation. Society benefits by helping each individual and family optimize their whole health, and therefore enhance their ability to thrive, contribute to society, and live a satisfying life, and society also benefits by minimizing the number of health problems in a population.

Text Box
3.4

Summary: What are Promoting/Preventing within the Context of the Public Health Approach?

- Promoting involves optimizing health to improve quality of life and maximize productivity.
- Preventing involves minimizing the development of health problems.
- Promoting and Preventing cannot be distinguished by looking at the activities of the intervention itself.
- The key distinctions between Promoting and Preventing are:
 1. They have different goals.
 2. They require measurement of different outcomes.
- The distinctions between Promoting and Preventing are important because:
 1. They are intertwined with decisions about what outcomes to measure.
 2. Preventing requires that the first step is to identify a problem to address.
 3. Promoting can more easily take a whole health approach.

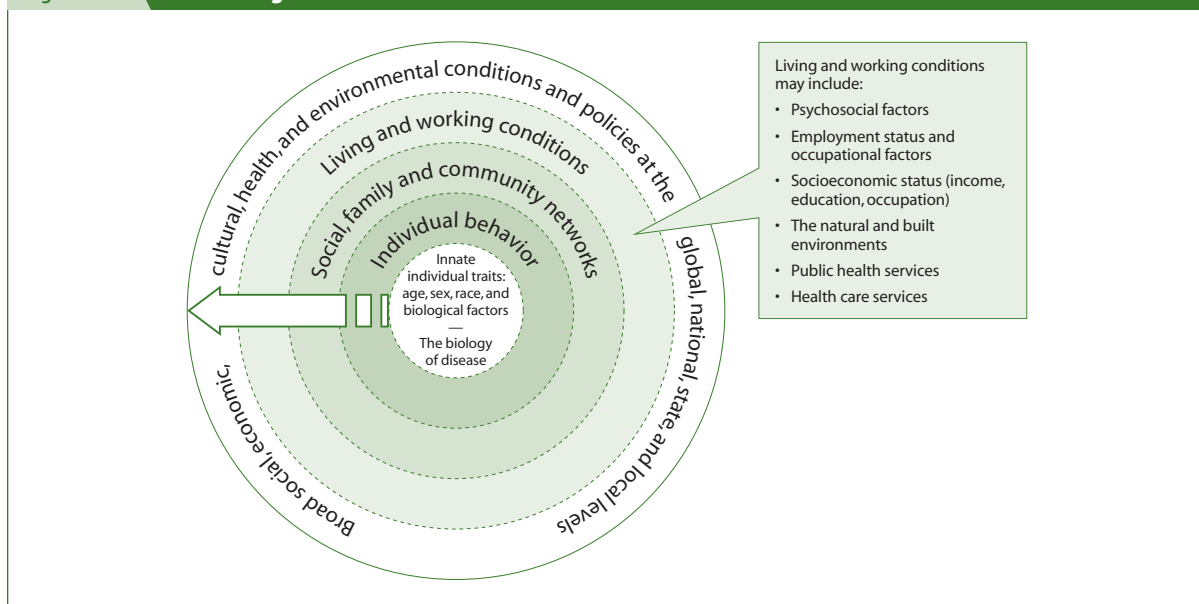
Determinants of Health

Central to the concepts of promotion and prevention, and therefore to the public health approach, is the concept of determinants of health. Simply put, determinants are factors that contribute to good or bad health of the population. While some of these factors are intrinsic to the individuals whose health is being considered, many others are part of the social, economic, physical, or geographical environment, and can therefore be influenced by policies and programs. They are often organized from specific to broad in the categories of individual, family, school, peer group, community, and society at large.

The visual below (see Figure 3.1), developed in 2002 by the Committee on Assuring the Health of the Public in the 21st Century provides a structure for understanding how public health efforts link with multiple determinants of health⁶⁵. This ecological model also shows that different levels of determinants are interrelated, with the various concentric circles having impact on one another as well as on the individual or population at the center of the circle.

The relative importance of determinants is also affected by their malleability. Interventions that seek to promote optimal health and prevent health problems do so by targeting one or more determinants that have first been shown to have a meaningful impact on health, and second have been shown to be susceptible to change. Health outcomes are altered by enhancing determinants that support health and reducing determinants that threaten health. Without an understanding of which factors affect health, interventions that strive to *Promote* or *Prevent* have no opportunity to effect change.

Figure 3.1 The Ecological Model of Determinants that Influence Health



Text Box 3.5

Summary: What are Determinants within the Context of the Public Health Approach?

- Determinants are factors that contribute to good or bad health.
- They are the targets of intervening efforts to improve health.
- Interventions should target determinants that have been shown to be malleable.

Process/Action Steps

While the three central concepts presented so far describe significant characteristics of a public health approach, the approach is also defined by a *process*. In epidemiological and prevention contexts, this process is often described as consisting of four or five steps, beginning with identifying a health problem and malleable determinants of that problem, and culminating in selecting/ developing, implementing, and evaluating interventions.

The 1988 landmark IOM report, *The Future of Public Health*, described the process in greater detail and laid the foundation for a process model that is widely used today in public health arenas. The report identified three actions as the core functions of public health: assessment, policy development, and assurance². The report then delineated a number of steps that were subsumed by those functions. In 1994, the Department of Health and Human Service's Public Health Functions Team operationalized these functions and their steps by developing specific descriptions of the ten "essential" public health processes, now widely referred to as the Ten Essential Elements or Ten Essential Services. The elements are often presented in an illustrative model known as the Public Health Wheel. The three core functions, ten essential elements, and the Public Health Wheel are presented below³:

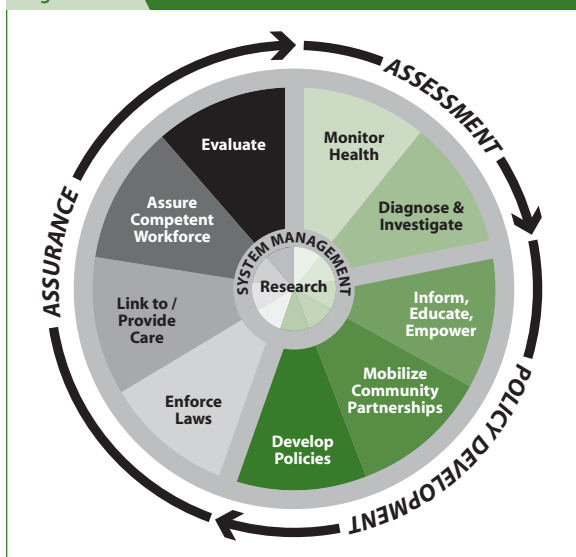
Three CORE Functions of a Public Health Approach:

- 1) **Assessment** of information on the health of the community
- 2) Comprehensive public health **policy development**, and
- 3) **Assurance** that public health services are provided to the community

Ten Essential Elements of a Public Health Approach:

- 1) Monitor health status to identify community health problems
- 2) Diagnose and investigate health problems and health hazards in the community
- 3) Inform, educate, and empower people about health issues
- 4) Mobilize community partnerships to identify and solve health problems
- 5) Develop policies and plans that support individual and community health efforts
- 6) Enforce laws and regulations that protect health and ensure safety
- 7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8) Assure a competent public health and personal health care workforce
- 9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 10) Research for new insights and innovative solutions to health problems

Figure 3.2 The Public Health Wheel



As can be seen from the wheel diagram, the first two of the ten elements make up the first of the three core functions, “assessment.” Essentially, these elements involve gathering data about health and determinants of health in the community. This can include anything from large, formal monitoring processes, such as data collection conducted by the National Center for Health Statistics, to individual, informal monitoring processes with local focus groups.

The next three elements make up the second core function, “policy development.” These steps convey a clear message that policy development is largely a process of community engagement. While the term

policy development might conjure up images of think tanks or bureaucrats huddled around a table working in isolation from the community, the public health approach suggests that informing, educating, empowering, mobilizing, and partnering in the community are all critical parts of the process. It should be noted that the approach is particularly compatible with the idea of engaging diverse communities.

The elements of the third core function, “assurance,” describe a process of making a commitment and seeing that policy is carried out and carried out well. The four elements comprising this function refer to ensuring that policies are fulfilled as intended when they were developed and enacted, that people in need of services are connected with those services, that the services are provided in a highly competent, effective manner, and that the effectiveness of those services is examined over time.

The tenth essential item, “research,” is not presented as part of one of the core functions. Instead, it is shown as the center of the wheel, emphasizing the important role scientific knowledge plays in informing every step of the process. Finally, the words “system management” are shown in the space between the research hub and the other nine essential elements, which serves to emphasize the vital role of the public health infrastructure in supporting research and linking research and practice⁷¹.

Text Box 3.6

Summary: What are the Processes/Action Steps of the Public Health Approach?

- The steps are organized into three core functions: assessment, policy development, and assurance.
- The three core functions are broken down into a total of nine essential elements.
- The tenth element, research, informs every step of the process.

Summary

Public health interventions have made significant achievements in promoting physical health and addressing physical health risks and problems at the population level. The field has done so with a defined set of practices and processes. An attempt to apply those practices and processes to children's mental health first requires a basic understanding of them. This chapter provided a brief overview of the core concepts of a public health approach. The chapter covered the broad population focus, the efforts to increase the focus on promoting and preventing, the use of determinants as the factors of health to address, and the process or action steps needed as part of addressing the health of the public.

With a basic understanding of a public health approach, it is possible to begin thinking about how those who work on behalf of the mental health of children can apply the fundamental components of public health to their work. Some concepts may require thoughtful implementation when being applied to children's mental health in some settings. The next chapter will explore what special considerations may be necessary.

Applying the Public Health Approach to Children's Mental Health

The previous chapter described how a public health approach can be used to improve and protect America's health. However, applying a public health approach to children's mental health involves more than simply understanding a public health approach and imposing it on existing systems. Successful implementation involves understanding and engaging systems and sectors that have expertise and established approaches of their own, and incorporating the values, knowledge and processes into a new, integrated approach. The following chapter describes the specific context of children's mental health and the impact of that context on implementation of a public health approach. Understanding this context will allow readers to envision how public health entities might incorporate a mental health focus and how fields that impact children's mental health and well-being can integrate the values, elements, and functions of public health to strengthen the mental health of all children.

Values and Principles

Values and principles provide an important part of the contextual foundation in which a public health framework for children's mental health exists. Values are ideals that members of a society regard as desirable, and that serve as beacons to implement the approach. Principles can be seen as guidelines for action or conduct. Values are the building blocks of principles and principles link values to the work. This monograph integrates values from the Systems of Care approach, the American Public Health Association, and the Center for Diseases Control and Prevention.

The field of children's mental health care has a well-articulated set of values that have been derived from the Systems of Care approach and applied to children's mental health care over the last two decades⁷². At present, every state, two U.S. territories, and a number of sovereign tribal nations have built systems of care for children predicated on the original system of care values outlined in 1986 (see side box). While these values and principles were designed for systems of care that serve children with serious emotional disturbances, they provide a solid foundation for an approach that addresses the mental health of all children.

Similarly, the central concepts of the public health approach imply a set of values that are fundamental to successful implementation. For example, the notion that avoidable or remediable differences in health are addressed is a value, as is the idea that communities are responsible for providing support for personal and social development.

The American Public Health Association identified a number of values that they call “key assumptions inherent in a public health approach⁷³.” Central among those are the following:

1. **All humans have a right to the resources necessary for health.**
2. **Humans are interdependent.** The individuality of humans and one's right to make decisions for oneself must be balanced against the fact that each person's actions affect other people.
3. **Collaboration.** The public health infrastructure of a society includes a wide variety of agencies and professional disciplines that must work together to be effective.
4. **The fundamental requirements for health in a community are of primary concern.** While some important public health programs are curative in nature, the field as a whole must address underlying causes (determinants) of health.
5. **Science is the basis for much of our public health knowledge.** Scientific methods, both quantitative and qualitative, are a needed source of knowledge about the factors necessary for health in a population, and for evaluating policies and programs that protect and promote health.
6. **Not all action is based on information alone.** In many instances, policies are demanded by the fundamental value and dignity of each human being, even if implementing them is not optimally efficient or cost-beneficial.

The Centers for Disease Control and Prevention (CDC) also identifies three values that they describe as central to their public health role as “stewards of public trust and public funds⁷⁴.” While the three values listed could be equally applicable to any government entity, they help call attention to the “public” aspect of the public health approach:

- **Accountability**—We act decisively and compassionately in service to the people's health. We ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals.
- **Respect**—We respect and understand our interdependence with all people, both inside the agency and throughout the world, treating them and their contributions with dignity and valuing individual and cultural diversity. We are committed to achieving a diverse workforce at all levels of the organization.

Text Box 4.1

Core Values of Systems of Care

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

- **Integrity**—We are honest and ethical in all we do. We will do what we say. We prize scientific integrity and professional excellence.

A public health approach to children mental health must incorporate and integrate values from all of these sources. Taken together, the list of values may look something like those in Text Box 4.2.

While the core values presented here are considered important for implementing a public health approach in the child mental health context, this list, as noted above, is not fixed or exhaustive. As with the list of terms and definitions in Chapter Two, the values offered here are subject to the unique makeup of the state, tribe, region, and/or community where they will be applied. Therefore, this list may best be viewed as a starting point for ongoing dialogue.

Text Box 4.2

A Public Health Approach to Children's Mental Health Should:

1. Be driven by the fundamental value and dignity of every child
2. Be child centered, youth guided, and family driven
3. Be community based/locally adapted
4. Be culturally and linguistically competent
5. Be equitable, providing the resources for health for all children
6. Balance the rights of the individuals with the good of the collective, recognizing that each person's actions affect other people
7. Collaborate and develop shared vision and goals to be optimally effective
8. Use scientific knowledge, both quantitative and qualitative, to drive decision making whenever possible
9. Operate with accountability, respect, and integrity.

Applying the Four Central Concepts of a Public Health Approach

In addition to considering the values that guide a public health approach to children's mental health, it is also necessary to think about the central concepts of a public health approach within the context of the systems that currently shape children's mental health.

Population Focus

In the children's mental health care system, when a child is identified as having mental health problems, individual and family treatment services are typically offered*. In communities that use a Systems of Care approach, the child and family will also be engaged in actively shaping the services they receive, and those services may be very comprehensive and involve providers from many different sectors. The intervention will be directed specifically at the child and family identified as having the mental health problem.

In some settings, though, individual level intervening is only part of the picture. A community that has access to population-level data about mental health problems may intervene at multiple levels ranging from the individual level to the population level. For example, a community experiencing a sudden wave of teen suicides may identify teen suicide as a *community* health problem, and while individual children with the greatest need may

*Small group interventions are also used, more frequently with older children.

"A true public health approach, however, will ensure that multi-level approaches like the one just described would be standard practice rather than the fortunate result of circumstance."

continue to receive individual level services, treatment services may also be provided to entire schools, or to specific groups particularly impacted by the problem.

Data may also lead some communities to identify teen suicide as a potential concern even before the onset of a teen suicide epidemic. The mental health care services in those communities may institute a preventive hot line or wage a public awareness campaign. The community may also intervene to promote positive mental health, although typically these interventions will be provided by systems other than the mental health care system. For example,

schools may adopt policies that encourage "school connectedness," a factor that has been shown to improve student functioning and reduce adolescent depression⁷⁵, or after-school programs may be put in place to engage teens in positive ways. Alternatively, in an American Indian community, members may convene a talking circle or the youth may be assigned to work with an elder.

The example of a community that is addressing teen suicide at different levels is illustrative of a population-based focus on reducing a problem community-wide and is an example of a public health intervention. However, it is only one part of a public health approach. A true public health approach will ensure that multi-level approaches like the one just described would be standard practice rather than the fortunate result of circumstance. Such an approach will also ensure that community-wide programs, like public awareness campaigns and programs originated by schools or other sectors, become part of a coordinated effort operated in collaboration with the mental health care system. The coordinated effort will help ensure that the total package of intervention is comprehensive and efficient, rather than incomplete or redundant.

Perhaps most importantly, a population focus on the mental health of children will also require rethinking the way data are gathered and aggregated. Children's mental health data collection, when it occurs, is heavily weighted toward tabulating the prevalence of disorders, and sometimes includes information about risk and protective factors pertaining to those disorders. Even problem-focused information like that just described is rarely available at the

Text Box
4.3

Summary: Population Focus

- Individual level intervening is only part of the picture. A community that has access to population-level data about mental health problems may decide to intervene at multiple levels.
- A true public health approach will ensure that multi-level approaches would be standard practice and ensure that community-wide programs become part of a coordinated effort operated in collaboration with the mental health care system.
- There is no national data set that regularly collects comprehensive information on children's mental health problems.
- Datasets that collect information on health and well-being only collect extremely limited information on positive mental health.

state, tribal, or national level. In fact, there is no national data set that regularly collects comprehensive information on children's mental health problems, and the handful of datasets that collect information on health and well-being only collect extremely limited information on positive mental health.

Promoting and Preventing

In the context of children's mental health, promoting and preventing have typically been the domain of systems with a focus larger than mental health. Most significantly, early childhood care and education are largely oriented around the concepts of promoting and preventing. Early childhood services are often provided universally and before problems, or even risk, have been identified. Additional programs offer support to families of very young children who have been identified as at risk, either because of the presence of a risk factor like poverty or the presence of some type of developmental delay.

Education and juvenile justice are examples of other systems that have a primary focus other than mental health and often include positive youth development activities and services that promote positive mental health or prevent mental health problems. In these two arenas, intervention is typically provided to groups selected because of elevated potential or risk, although school-based programs like social skills development or anti-bullying programs are often provided universally to the whole school population.

Many of the promotive and preventive interventions in systems outside of the mental health care system are not thought of as mental health interventions, even though they often have meaningful impact on children's mental health. Educators may shy away from interventions that purport to address mental health while at the same time intervening to promote social and emotional development. A juvenile justice program may reduce violence in a neighborhood without recognizing the mental health benefits of the intervention.

A public health approach will ideally include leadership from the public health sector, the field of mental health care, and elsewhere, that can help identify interventions in various settings that promote children's mental health and prevent children's mental health problems. The leadership can ensure that promotive and preventive efforts are recognized and credited for positively impacting children's mental health, and can encourage increased measurement of mental health outcomes so interventions' impact on mental health can be adequately evaluated. The coordination of efforts across sectors will also help identify gaps and opportunities to promote optimal mental health and prevent mental health problems, whether in the form of policy changes, broad environmental changes, or services or programs for children and families.

While all health domains have complex interconnections between different service delivery systems, engaging and coordinating the various partners who impact children's mental health is a monumental task. Promoting positive mental health and preventing mental health problems for children requires that the "service delivery system" includes every setting with

which children have meaningful interaction. Ideally, it will involve all sectors of the community, including diverse and unlikely partners who currently may not see themselves as part of a mental health system. Schools, faith organizations, businesses, clubs, sports, neighbors, family members, child care and early childhood education, media, city, county, State, and tribal governmental entities, Federal agencies, cafeteria workers, school bus drivers, occupational and physical therapists, mental health clinicians, librarians, senior citizen groups, and medical and health care practitioners are just a few of the many individuals, groups and organizations that impact children and provide opportunities to engage a public health approach to children's mental health.

**Text Box
4.4**

Summary: Promoting and Preventing

- Promoting and preventing have typically been the domain of systems with a focus larger than mental health.
- Many of the promotive and preventive interventions in systems outside of the mental health care system are not thought of as mental health interventions, even though they often have meaningful impact on children's mental health.
- A public health approach will ideally include leadership from the public health sector, the field of mental health care, and elsewhere, that can help identify interventions in various settings that promote children's mental health and prevent children's mental health problems.
- Promoting positive mental health and preventing mental health problems for children requires that the "service delivery system" includes every setting with which children have meaningful interaction.

Determinants

Research in the field of children's mental health has identified countless factors from children's social, economic, physical, and biological environments that impact mental health and well-being. Much of the research pertaining to brain development has provided the impetus for intervening as early as possible in childhood to maximize the benefits of intervention. Interventions to enhance brain development have proven effective, as the biology of the brain can be impacted when relationships between children and caregivers are enhanced and when dimensions of the social environment, such as neighborhood safety and economic security, are improved.

Research has also shown that factors from different ecological levels, such as the school environment and peer relationships, grow in importance as children get older. Children with stronger social support networks, positive peer influences, and relationships with nurturing adults are more likely to optimize their mental health. Interventions can try to strengthen those environments, and they can also help children develop internal skills that allow them to improve their own environments. Programs that enhance decision-making and social skills, as well as academic, musical, or athletic skills, can improve children's abilities to navigate challenges and shape their worlds in positive ways, thereby improving their mental and emotional well-being.

Other determinants are seen as threats to children's mental health. Neighborhood or family violence, parental neglect, substance abuse and addiction, traumatic life events, and exposure to structural racism, excessive commercialism and media violence have all been identified as factors that impede healthy development. All of them have either been identified as changeable, or in cases like traumatic life events and media exposure, children's abilities to regulate their responses to those factors are seen as changeable.

Some negative determinants can be unintended by-products of child-focused institutions and systems. For example, an under-resourced school with an unhealthy environment can foster children's anxiety and poor self-esteem. Also, children's entertainment media sometimes expose children to violence in video games or television programs, and that exposure can contribute to children's aggressive behavior⁷⁶. Despite good intentions, even some mental health care interventions, specifically those that addressed adolescent behavior problems in group settings, inadvertently led to opportunities for peers to teach each other harmful behavior⁷⁷. Understanding how unintended outcomes like these can occur can help child-focused institutions maximize their positive impact.

The public health approach has made its greatest impact on children's physical health in the area of identifying and addressing determinants of physical health. For example, the American Academy of Pediatrics' Back to Sleep campaign identified sleeping face down as a determinant of Sudden Infant Death Syndrome (SIDS), so the campaign addressed that determinant by encouraging parents to have their infants sleep on their backs until the age of one year. Similar successes in the area of children's mental health will emerge as a public health approach begins to impact society's awareness of what factors affect children's mental health and what can be done to address those factors. Recent efforts like the Child Well-Being Index now measure health outcomes and health determinants among American children⁷⁸. Examples of the information collected on this measure include "how many children in the U.S. are victims of violence" and "how often has the average child moved within the past year." Focusing on such questions can bring increased attention to the importance of determinants of children's mental health.

Text Box
4.5

Summary: Determinants

- Research in the field of children's mental health has identified numerous factors from children's social, economic, physical, and biological environments that impact mental health and well-being.
- Children with stronger social support networks, positive peer influences, and relationships with nurturing adults are more likely to optimize their mental health. Interventions can strengthen the environments where children live, learn, work and play and they can also help children develop internal skills that allow them to improve their own environments.
- Some determinants, such as neighborhood or family violence, are threats to children's mental health; other determinants can be unintended by-products of child-focused institutions and systems. Neutralizing these negative determinants can have a positive impact on children.
- Successes in the area of children's mental health will emerge as a public health approach begins to impact society's awareness of determinants of children's mental health and what can be done to address those determinants.

Process/Action Steps

The final central feature of a public health approach is a prescribed process that guides how people and systems engage in public health activities. Rather than simply replicating the process/action steps presented in the Public Health Wheel, the new conceptual framework integrates concepts from other prevention-based public health process models and language that is familiar to those who focus on children's mental health as well. Most notably, the new framework strives for greater balance between promotion and prevention, broadens the focus on policy development to include intervention of all types, and incorporates the concept of developmental appropriateness with measurement and intervention.

First, the shift toward greater balance between promotion and prevention pertains to the problem-focused nature of the public health process outlined in the Public Health in America description³. The field of public health generally embraces the WHO definition that recognizes health as being more than the absence of illness. However, some public health language, including some of what is presented in Public Health in America, suggests an emphasis on health problems. For example, the first of the ten elements in the public health wheel refers to monitoring the community's health status "to identify and solve health problems." While identifying problems is an important function of monitoring a community's health status, monitoring may also have other purposes.

In fact, the subtle distinction between a problem focus and a focus balanced between problems and positive health is most critical when it comes to monitoring and measurement. A process that emphasizes problems is likely to lead most settings to gather data primarily on problems. However, in order to assess the effectiveness of health promotion as a means to optimize the positive aspects of health, positive health is important to assess. Such measurement is necessary in order to know how to intervene and to assess whether or not intervention was successful. Therefore, the intervention model presented in the next chapter for children's mental health reflects the assertion put forth by the World Health Organization's and the Institute of Medicine that promoting positive mental health is a crucial function that should occur along with preventing mental health problems⁷⁹.

Second, the second core public health function in the Public Health in America model, Policy Development, is referred to as Intervening in the new conceptual framework. This reflects the fact that Intervening is a term that is used widely throughout many sectors, particularly those that impact children's mental health, to describe the middle action steps of a public health approach. Process models from Suicide Prevention, Youth Violence Prevention, and Delinquency Prevention all provide examples of public health approaches that focus on the process of designing, developing and evaluating interventions^{80,81}. Intervening should be seen as inclusive of policy development, but it can refer to other interventive actions as well.

Third, a focus on children's mental health means that the entire process needs to incorporate the concept of age and cultural appropriateness, both of which are also tied to developmental appropriateness. What is a problem behavior at one age is quite normative at another. For

example, an angry tantrum in a grocery store might not be the same cause for alarm for a two year old as compared to a twelve year old. Similarly, what is a problem behavior in one culture may be quite normative in another. For example, avoiding eye contact may be appropriate behavior for a child in one culture and be indicative of a problem in another.

Simply knowing a child's chronological age and cultural background are rarely enough, however. Children of similar age may differ greatly from a developmental perspective. For example, it would be unrealistic to have the same expectations of a group of children with special needs as another group of their same-aged peers with advanced development. Culture can also interact with development to determine behavioral appropriateness. For example, some issues of speech and language development, such as what age a child begins to talk, are very culturally-based.

All of these age, development, and culture differences need to be accounted for throughout the public health process, whether one is gathering data, selecting or designing an intervention, or ensuring that the intervention reaches the appropriate population. When the population is children, it is crucial to adapt all activities to the age or developmental level and cultural background of the children involved.

Two other minor language changes to the processes/action steps are made in the new conceptual framework. The use of active verbs, as mentioned in Chapter 2, suggests processes that are active and ongoing and invite greater flexibility around whether intervening refers to an individual acting on his or her own behalf or a person such as a policy maker, clinician, or program director acting on behalf of others. Also, a switch from "assure" to "ensure" in the conceptual framework reflects an emphasis on following through to make sure something occurs (ensuring) versus promising it will occur (assuring)⁸².

**Text Box
4.6**

Summary: Adapting the Public Health Processes/Action Steps for Children's Mental Health

- Positive mental health should be given equal weight with mental health problems in terms of both measuring and intervening.
- Language needs to have the consensus of the various systems and sectors that are coming together to collaborate.
- While policy development is the primary tool of intervening, other forms of intervening can be guided by the principles of a public health approach as well.
- Incorporate child age, development, and culture into determination of appropriateness of monitoring and intervening activities.

Weaving the Concepts of a Public Health Approach Together

The elements of a public health approach—population focus, promoting and preventing, determinants, and the processes/action steps of public health—can already be found in children's mental health contexts in America. As mentioned earlier, examples can be seen most frequently in the fields of early childhood care and education and positive youth development, but they can also be found in the mental health care system and other child-serving systems and organizations. However, the need for a new conceptual framework arises because there are very few examples that employ all of the central concepts of public health, fewer that do them comprehensively, and fewer still that do them consistently over time. The task of truly applying a public health approach to children's mental health requires knitting together all of the elements of a public health approach and implementing them broadly and consistently, with multiple systems or sectors working together in a well-coordinated manner.

The apparent advantages of a public health approach suggest that there are likely to be people in many different settings who would be eager to take a more comprehensive and coordinated approach if they were given a framework to guide their efforts. The next chapter describes a broad framework that can guide implementation of a comprehensive public health approach, particularly as it applies to the range of interventions needed for all children to optimize their mental health.

Summary

The application of a public health approach to children's mental health requires more than simply understanding a public health approach. This chapter describes the specific context of children's mental health and the impact of that context on implementation of a public health approach. Understanding this context will allow readers to envision how public health entities might incorporate a mental health focus and how fields that impact children's mental health and well-being can integrate the values, principles, and processes of public health to strengthen the mental health of all children.

This chapter starts with a discussion of the values and principles that are well established within the field of children's mental health care as well as in the field of public health. The chapter presents an integrated list of values and principles from both fields that can form a strong foundation for a public health approach to children's mental health.

Additionally, this chapter discusses the four central concepts of a public health approach and the importance for the reader to give consideration to these concepts within the context of the systems that currently shape children's mental health. The four central concepts of the public health process, a population focus, promoting and preventing, determinants, and process/action steps are discussed along with the adaptations and implications for their application to children's mental health.

Comprehensive Framework

This chapter offers a comprehensive conceptual framework to help fulfill the vision of integrating a public health approach within children's mental health and development. As articulated earlier, the vision for the new framework entails shaping environments and building skills to enhance positive mental health and combat mental health problems, as well as providing a full range of services and supports for all children.

Specific attention has been given to two issues in the development of this framework. First, there has been an emphasis placed on integrating concepts and language from the different systems that impact children's mental health. Second, there has been a concerted attempt to balance the US public health approach's strong prevention component with the promotion focus currently seen in many other countries. While there is frequent mention of health promotion throughout public health literature, it is sometimes subsumed under the goal of problem prevention. The approach advanced by the WHO and a number of nations elevates the role of health promotion and illuminates some important distinctions that are highlighted in the Intervening Model presented later in this chapter as part of the overall conceptual framework.

A Conceptual Framework

The preceding chapters of this document have identified, discussed, and integrated a number of components necessary for building a conceptual framework to guide a public health approach to children's mental health. The components are organized into four categories in the framework: 1) values that underlie the entire effort, 2) guiding principles that steer the work, 3) a process based on the three core public health functions, and 4) a model of intervening that incorporates the range of interventions needed to craft a comprehensive approach. This chapter will lay out and assemble these categories into a comprehensive, unifying framework (see Fig. 5.1). For those readers specifically looking to understand how the conceptual framework can be implemented, special attention should be given to the section on the public health process/action steps and on Part A of Chapter 6 (The Work of Implementing the Approach).

Values

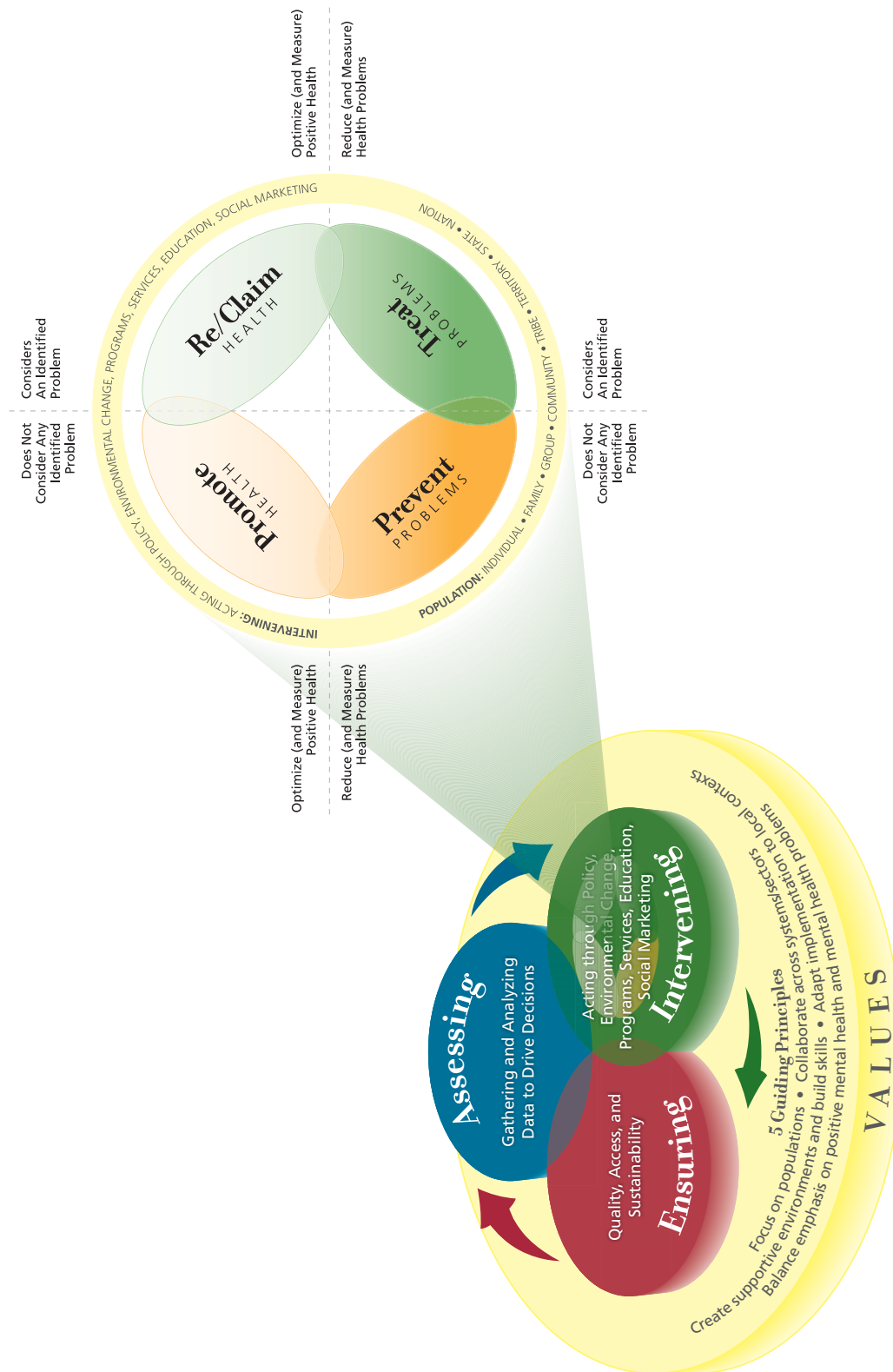
A list of values was generated in Chapter 4 by integrating and adapting values from the fields of children’s mental health care and public health (See Text Box 4.2). The proposed values in the integrated list provide a foundation upon which the entire conceptual framework rests. Implementing the framework without these or a similar set of locally adapted values to sustain the effort would likely have a much less successful impact on children’s mental health. Therefore, these values are represented as the underpinning of the framework in Figure 5.1.

Guiding Principles

The earlier discussion of what is meant by a public health approach identified four defining concepts and three additional concepts that are also seen as central to a public health approach. The authors considered these concepts as well as the history, needs, and current context of children’s mental health, and identified five guiding principles to inform a public health approach to children’s mental health (shown in Figure 3). The remaining concepts that are not presented as part of the guiding principles have been incorporated elsewhere in the framework, either explicitly (e.g., a public health approach requires engaging in a series of processes/action steps) or implicitly (e.g., that a public health approach addresses determinants of health, a concept that is implicit in the inclusion of promotion and prevention in the framework). The guiding principles include:

1. **Focus on populations when it comes to children’s mental health in the United States,** which requires an emphasis on the mental health of *all* children. Data need to be gathered at the population level to drive decisions about interventions and to ensure interventions are implemented and sustained effectively for entire populations.
2. **Place greater emphasis on creating environments that promote and support optimal mental health, and building skills that enhance resilience.** Environments can be social, such as families, schools, communities, and cultures, or physical, such as buildings, playgrounds, lakes, and mountains.
3. **Balance the focus on children’s mental health problems with a focus on children’s “positive” mental health—increasing measurement of positive mental health and striving to optimize positive mental health for every child.** A public health approach values promotion as well as prevention, so the feature that may most distinguish the new approach from the past is a new commitment to helping each child reach his or her optimal level of health, rather than simply reducing symptoms among those who have problems.
4. **Work collaboratively across a broad range of systems and sectors, from the child mental health care system to the public health system to all of the other settings and structures that impact children’s well-being.** An effective approach requires a comprehensive and coordinated effort among all of the systems and sectors that impact children and their environments.
5. **Adapt the implementation to local contexts—taking local needs and strengths into consideration when implementing the framework.** Considering local needs and strengths means that communities or groups implementing the conceptual framework consider local priorities, values, assets, and concerns when making choices about what

Figure 5.1 A Conceptual Framework for a Public Health Approach to Children's Mental Health



language/terminology will be used, what values will ground the approach, the desired goals/impacts, what data will be gathered and analyzed, what array of interventions will be implemented to provide a comprehensive range, and what outcomes and determinants will be evaluated. Data that are crucial in one community may be less relevant in another, interventions that are effective in one setting may not be as successful in another, and factors that ensure success for one group may not be as beneficial for another.

Public Health Process: Action Steps

The public health process in the framework has three broad action steps—Assessing, Intervening, and Ensuring. They are shown in the circle at the bottom of Figure 5.1 and are shown again in Figure 5.2. While the labels of these action steps have been adapted from the labels used for the core functions in the public health wheel in order to reflect the concepts emphasized in other process models, the steps correspond quite strongly to the wheel’s core functions and underlying ten elements.

Core process #1 **Assessing**. Just as in the process described by the Public Health in America effort, the first core function, Assessing, describes a process of collecting and analyzing data about child mental health needs and assets, as well as their determinants, and using the data to drive decisions about intervening and future data gathering.

Core process #2 **Intervening**. The second core function, Intervening, describes a process of acting to optimize children’s positive mental health and minimize the symptoms and impacts of mental health problems. The Intervening process is described in greater detail throughout the remainder of the chapter.

Core process #3 **Ensuring**. This function describes a process of making sure that intervening is done with a high level of quality and effectiveness; that children have access to and are engaged in the interventions that would most benefit them; and that intervening is done in a sustainable way, including training of the workforce, building necessary infrastructure, and conducting ongoing evaluation and adaptation to improve quality. More detail on engaging in this process is provided in Chapter 6 of the monograph.

Intervening/Intervention

Within mental health fields, the concept of Intervening has received special attention over the years, and has therefore been given additional attention in this context as well. As outlined by the WHO’s Ottawa Charter⁶⁰, Intervening can describe a wide range of actions, including building healthy public policy and social marketing, creating environmental change, implementing programs, as well as providing services and education.

Prior models have organized interventions into categories such as prevention, treatment, and maintenance that serve populations with different needs. Intervention categories like these can provide a blueprint for ensuring that the comprehensive range of interventions offered within a given setting can meet the different needs of the population being served. Categories can

Figure 5.2 Public Health Core Processes for Children's Mental Health



also serve as a reminder for what kind of child data need to be collected to guide intervention decisions and to evaluate the impact of the interventions.

As part of the overall conceptual framework, the Intervening Model fits within the larger process of Assessing, Intervening, and Ensuring, and rests upon the values and guiding principles that support it. The next section describes the new model in detail and demonstrates how the terminology of the new model incorporates the language of the models that have preceded it.

A New Model for Intervening

The process of intervening in mental health, with children as well as adults, has been represented by a number of different models over the years. What was once a pure treatment model later evolved to include multiple conceptualizations of prevention, and eventually grew to include health promotion activities as well. With each step in the evolution came new and sometimes conflicting terminology. The history of this evolution is described further in Appendix A.

Just like the concept of intervening, the concept of health, both physical and mental, has also undergone significant changes in recent times. A conceptualization of health as either absent or present later evolved to a view of health as a continuum ranging from good health to illness. More recently, the dual continuum perspective described in Chapter 2 emerged, describing health and illness as related but independent from each other.

Taken together, the histories of intervening and health lead to a new model of intervening for children's mental health. This new model, based on the terms and concepts of the models that came before it*, shows how the public health concepts of promotion and prevention can be better understood within the dual continuum perspective of health, or in this case, children's

*See Appendix A and Figure 5.4 later in this chapter for a description of these terms and concepts.

mental health. It also shows how promotion and prevention relate to the concept of treatment, and how a new intervening category can help reconceptualize services for people with identified mental health problems. Finally, the new model reinforces how strongly linked intervening is with the measurement of positive and negative outcomes in children's mental health.

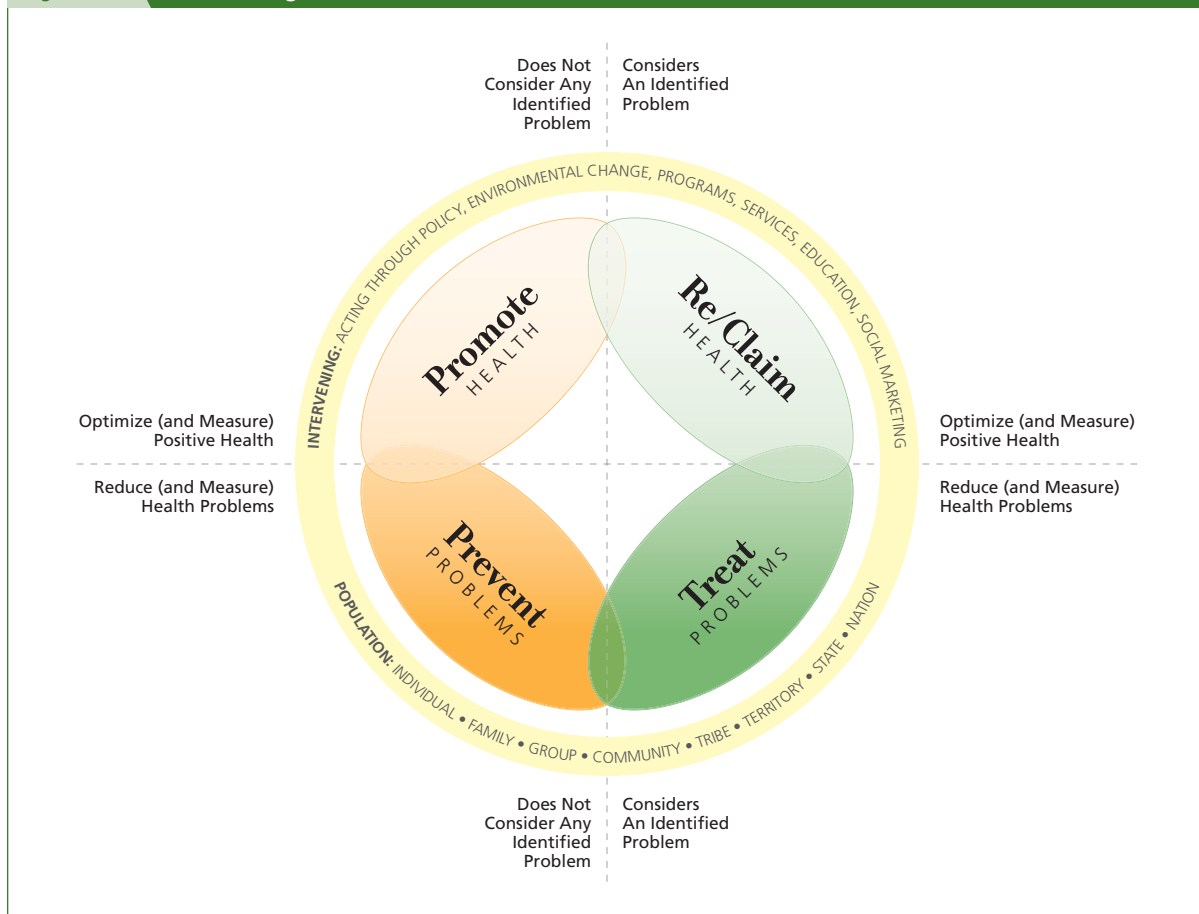
Starting with Mental Health Problems and Adding Positive Mental Health

Interventions are organized into four action categories in the new model—Prevent, Treat, Promote, and Re/Claim (see Figure 5.3). The evolution of earlier models that led to this new model is shown in Appendix A. First, interventions that focus on reducing or addressing *mental health problems* are divided into the categories of those that either **Prevent** or **Treat**. Not surprisingly, interventions in the Prevent category focus on stopping children's mental health problems before they occur[†], while those in the Treat category focus on reducing, eliminating, or reducing the impact of mental health problems once they have occurred. The labels Prevent and Treat were chosen because both terms are commonly used in the same way in other mental health intervention models. While there are some disagreements across systems about the finer distinctions of the meanings of Prevent and Treat, both terms have underlying core meanings that are understood by people coming from different fields and across different contexts.

The new model also incorporates interventions that focus on *optimizing positive mental health*, and they are also divided into two categories. The category of interventions that **Promote** fits cleanly in the new model, particularly since a focus on optimizing positive health is included in the definition of promotion. Promotion, however, is typically seen as the positive health parallel to Prevention. In other words, the common view is that interventions that promote are usually provided for people without current (or recent) mental health problems. In fact, some public health advocates have pointed out that one challenge of generating enthusiasm for interventions that Promote in the mental health care community is the assumption that optimizing positive mental health is of concern only for people without mental health problems. Having a separate term that refers specifically to interventions that optimize positive mental health for populations with identified mental health problems reinforces the idea, already in practice in many settings, that optimizing mental health is indeed part of the domain of mental health care and optimal mental health is a valid goal for everyone, including those with severe mental health problems. This new term can refer to intervention activities undertaken by people who have experience with or specialized understanding of mental health problems, and who can therefore appropriately adapt the activity if the particular mental health problem necessitates it.

The term offered in this model is **Re/Claim**. As contrasted with interventions that Promote, those that Re/Claim (Reclaim or Claim) health intentionally focus on optimizing health while specifically taking into account the presence of a mental health problem. As contrasted with

[†]As with other mental health models, the concept of “tertiary prevention” is considered treatment rather than prevention, since it occurs after a problem has been identified (after a diagnosis has been reached). See discussion of the IOM fan in Appendix A for further clarification about the different models of prevention.

Figure 5.3 Intervening Model for Children's Mental Health

Treat, the emphasis with interventions that Re/Claim is on a more holistic achievement of balanced health rather than the disease model's focus on alleviating suffering associated with mental illness*. Claiming may also include a focus on achieving a level of functioning that may never have existed for a particular population (e.g., young children with fetal alcohol syndrome).

There are two reasons for using the term “Re/Claim” positive mental health rather than adopting the more frequently used terms of “Maintenance/Maintain” or “Recovery/Recover.” The first reason pertains to the usage of the terms among the general public. For many, Maintaining is suggestive of keeping things in their current state, whereas both Reclaiming and Recovering conjure images of change and progress. Recovering, however, can also suggest a passive process such as lying in bed while recovering from an illness or injury, whereas Reclaiming or Claiming require action. Furthermore, although proponents of the term Recovering note that it refers to an ongoing process in behavioral health settings, in

*Many interventions currently referred to as treatments do incorporate a holistic, health-optimizing perspective. In the new model, these interventions would be considered both Treating and Re/Claiming.

Text Box
5.1**An Example to Distinguish Interventions that Promote and Re/Claim**

Ridgemont Middle School decides to offer a youth basketball program to promote health (physical and mental) among its students. The school hires a coach/coordinator who will coach the children in the program and will support continued healthy development through encouragement of positive behaviors (following directions, good sportsmanship, ability to work well with peers) and positive feelings (perceived efficacy, sense of belonging). In the Intervening Model, this is an example of Promoting.

Meanwhile, the Rydell School, a special education program that primarily serves youth with attention deficit and hyperactivity problems, also decides to offer a youth basketball program to support healthy development through encouragement of positive behaviors and positive feelings. Rydell hires a coach/coordinator who will do all the same things as the coach at Ridgemont, except the coach at Rydell will have specialized training and will consider the particular mental health problems of the students when deciding how to approach specific activities in the program. For example, the coach might allow the students more leeway or offer more structure in order to encourage development of the desired skills. In the Intervening Model, this is an example of Re/Claiming.

common usage a “full recovery” refers to a completed process. Re/Claiming suggests an ongoing process. Re/Claiming also connotes the idea of environmental or urban reclamation, a process that involves intervening in an environment that has suffered in some way. Through these processes, environments are enhanced and improved to support optimal health. This provides an apt metaphor for Re/Claiming in the context of children’s mental health—a positive, dynamic, ongoing process that engenders hope and optimism in the face of adversity.

The second reason is that both Maintaining and Recovering have fairly entrenched meanings within some systems, and adapting terms can be more difficult than introducing and applying new ones. As some have pointed out, the term recovery “can often be confusing and even off-putting to stakeholders in children’s mental health⁸³.” For these reasons, the term Re/Claiming is used in the Intervening Model.

Putting it All Together

As earlier reports have pointed out, it is often impossible, and rarely useful, to try to determine the type of intervention by looking

at the activities of the intervention itself. In fact, many interventions are likely to reflect some combination of Preventing and Promoting, and most skilled therapists constantly interweave Treating and Re/Claiming* as they work to address both the immediate problem the client is facing and the potential of that client to function to the best of his or her ability in the future.

The value of the Intervention model, therefore, is not in helping to label an intervention by observing its activities; instead, its value is twofold. First, it provides an overview of the range of mental health interventions that communities can incorporate in a comprehensive public health approach. Communities need interventions that serve populations with different levels of need and focus on both goals of optimizing positive health and reducing health problems.

*Some interventions may also focus exclusively on Re/Claiming. For example, numerous agencies throughout the country have vocational training programs for adolescents with developmental disabilities. These programs are good examples of Re/Claiming because they are designed to optimize the functioning of the participants and take into consideration the specific challenges associated with their mental health problems.

Interventions that Promote positive health and Prevent health problems help improve quality of life and productivity among the population, increase the likelihood that people are equipped to contribute to the community to the best of their ability, and reduce the demand for intensive, high-cost interventions. Interventions that Treat health problems and Re/Claim positive health help ensure that individuals or groups who face health problems receive the support that they need to address problems and achieve optimal health, for their own benefit and for the benefit of those around them.

Second, the intervention model provides guidance about the goals of interventions, and the outcomes to measure in order to evaluate the need for and the effectiveness of those interventions. Gathering data is one of the key elements of a public health approach, both for monitoring the problems and assets within the community and for assessing whether interventions are achieving the goals set out for them. The new model points out that while it is appropriate and necessary to gather data about mental health problems in order to inform interventions that Treat and Prevent, it is also essential to gather data on positive mental health. The latter is necessary for assessing the health of a community, for identifying the need for interventions that Promote and Re/Claim positive health, and for evaluating the effectiveness of those interventions.

“The value of the model...is twofold. First, it provides an overview of the range of mental health interventions that communities should incorporate in a comprehensive public health approach...Second, the model provides guidance about what goals interventions should aim for, and what outcomes to measure to evaluate the need for and the effectiveness of those interventions.”

Examination of the detailed model in Figure 5.3 shows that Intervening can occur at a variety of population levels, including: individual, family, group, community, state, tribal, territory, and nation. Within these population levels, different levels of determinants (e.g., social, family and community networks; living and working conditions; social, economic, cultural, health, and environmental conditions) impact one another as well as on the individual or population. Intervening can also refer to a wide range of activities, including policy change, environmental change, implementing programs or services, educating, and engaging in social marketing. Intervening can also occur by addressing determinants from any combination of ecological levels, such as macrosystem.

The model illustrates that what differentiates the top two categories (Promote and Re/Claim) from the bottom two (Prevent and Treat) is that the top two focus on optimizing and measuring positive health while the bottom two focus on reducing and measuring health problems. Similarly, what helps differentiate the two categories on the right (Re/Claim and Treat) from the two on the left (Promote and Prevent) is that those on the right take identified mental health problems into consideration while those on the left occur without consideration for an existing problem (see Text Box 5.1). The definitions offered at the end of Chapter 2 (last four rows of Table 2.1) offer further detail about the differences between the intervention categories.

The distinctions between interventions should not be confused with distinctions between people. In other words, it does not follow that any individual needs to be assigned to a single intervention category. In fact, it is quite possible for children to benefit from all four types of interventions at any given point in their development to address various aspects of their lives. For example, a 12-year-old with an attention problem might see a specialist who focuses on Treating the attention problem while Re/Claiming optimal mental health by focusing on other competencies. Simultaneously, this child could also be participating in a school program that Promotes positive mental health through good decision making and another school program that Prevents depression by reducing bullying in the school.

When considering the distinctions and overlap between intervention categories, it is also useful to keep in mind that Promoting and Preventing can both address *positive* and *negative* determinants*, and they can both be directed at at-risk groups† or whole populations. The essential distinguishing features between Promoting and Preventing are not the types of determinants they address, but rather (a) the goals of the interventions and (b) the outcomes that are measured in order to evaluate the interventions. The goal of an intervention may be to Promote positive mental health, but if the only outcomes it measures pertain to mental health problems then it is impossible to determine if the Promoting aspect was successful at all. For example, an effort focused on optimizing social functioning that only collects information on its ability to reduce depressive symptoms can only be evaluated as a Preventing program. Even though the effort intended to optimize functioning, its success or failure as a Promoting intervention cannot be evaluated.

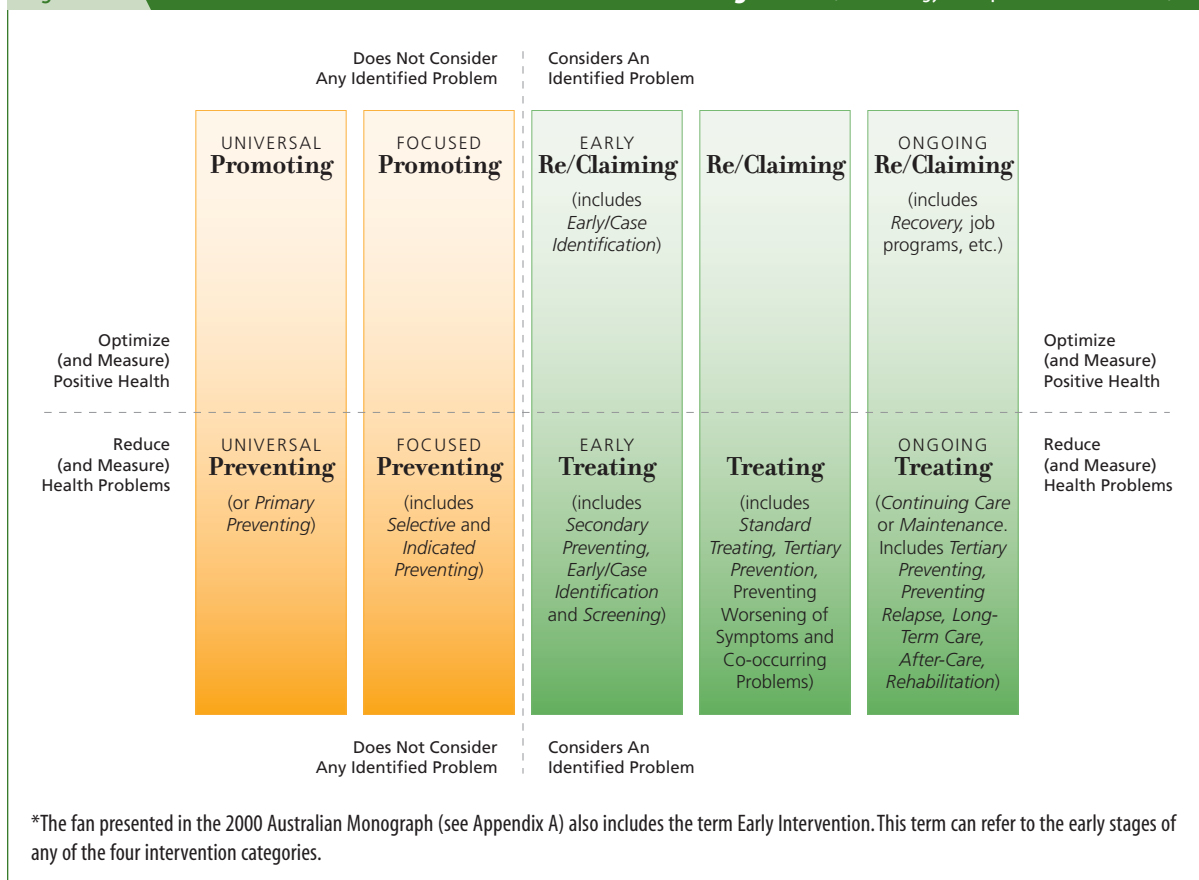
Linking the New Model to Other Terms

At its core, the new model focuses on the four intervention categories of Preventing and Treating mental health problems and Promoting and Re/Claiming positive mental health. However, the four main categories can be divided further, and the resulting subcategories show how terminology from other fields and prior models can be incorporated into the model (see Appendix A for further discussion of most of these terms). Figure 5.4 shows how concepts such as primary, secondary, and tertiary prevention, as well as universal, selective and indicated prevention, recovery, maintenance, and early identification can all be organized and used within the new model.

As Figure 5.4 shows, Promoting and Preventing both consist of two subcategories, and Treating and Re/Claiming both have three subcategories. These subcategories have evolved from earlier models (see Appendix A) and are described below.

*As noted earlier, in prevention settings these are often referenced as risk or protective factors but those terms are not applicable in promotion settings because of their problem focus.

†Promoting can also be directed at groups defined by something other than at-risk status. Just as advanced classes are offered to students who excel in particular academic topics, a Promoting intervention might be offered to children who show exceptional promise in topics pertaining to optimal mental health.

Figure 5.4 Children's Mental Health Public Health Intervening Model (Terminology from prior models in italics)

The Universal vs. Targeted Distinction for Promoting and Preventing. Universal Preventing may consist of interventions like dissemination of parenting literature to all new parents to reduce the incidence of later child behavioral problems. **Focused Preventing** subsumes the terms Selective and Indicated Preventing from prior models. In some contexts, the distinction between those two levels of prevention is still meaningful. However, in many other contexts the distinction is less critical, particularly since both Selective and Indicated Preventing involve intervening with some subset of the larger population, a subset that is not distinguished by the presence of an identified mental health problem. An example of Focused Preventing might be the Perry Preschool Program, where selected children at risk receive weekly home visits from trained teachers and participate in an intensive preschool curriculum¹⁷.

These two subcategories within Preventing can similarly be applied to Promoting to produce a useful structure. **Universal Promoting** describes any whole population activities that have a goal of optimizing positive mental health, such as promoting involvement in community activities to foster a greater sense of social well-being in the population. **Focused Promoting** is directed to some subset of the population that is not identified by the presence of a mental health problem. The subset could be an at-risk group, such as children of recently divorced

parents, for whom an intervention might connect them with other children to foster a sense of belonging and emotional well-being. The subset could also be a high achieving group. For example, an intervention to enhance leadership skills among children who have been identified as potential leaders would be considered Focused Promoting, provided the goal was to optimize the mental health of those children (or perhaps those who would benefit from their leadership).

“The model’s integration of Promoting and Preventing provides new direction for the field of children’s mental health, and the distinction between Treating and Re/Claiming expands the focus onto positive health even in the context of health problems.”

The Time Continuum for Treating and Re/Claiming. Prior models of preventive intervention divided prevention along a time-based continuum. In the new model, **Early Treating** includes the concepts of “early identification” and “screening,” and may include provision of intensive interventions to support individuals or groups who are not responding to preventive efforts. This is exemplified by Positive Behavior Interventions and Support (PBIS) work, in which functional assessment of behavior and development of a support plan are implemented in order to ensure that more intensive and more costly treating is not necessary⁸⁴.

What was called “Standard Treatment” in some of the earlier models is referred to here simply as the subcategory of **Treating**. Standard Treatment was described in the Institute of Medicine (IOM) model as therapeutic interventions such as psychotherapy, support groups, medication, and hospitalization. The Australian model limited treatment to evidence based interventions. Efforts such as Multisystemic Therapy⁸⁵, Family and Schools Together (FAST) Track Program⁸⁶ and Motivational Enhancement Therapy⁸⁷ are well-validated examples. Although science based interventions are especially valued as part of a public health approach, the new model recognizes that there are differing standards for evaluating treatment effectiveness. Further, there are many programs and practices which have not been subjected to rigorous evaluation, including culturally-specific programs and practices—“practice-based evidence*” or ‘community-defined evidence!’ that can also be included in this category. Therefore, the new model uses the IOM description to include non-evidence based interventions as part of this Treating subcategory.

*Isaacs and colleagues define Practice-based Evidence as “A range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. Practice Based Evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework. Practitioners of practice based evidence models draw upon cultural knowledge and traditions for treatments and are respectfully responsive to the local definitions of wellness and dysfunction...” From Isaacs, M.R., Huang, L. M., Hernandez, M. Echo-Hawk, H. The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children’s Mental. (Dec 2005) National Alliance of Multi-Ethnic Behavioral Health Associations.

†The Community Defined Evidence Work Group’s working definition of Community-Defined Evidence is “A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.” From Community Defined Evidence Workgroup (2007). National Network to Eliminate Disparities/National Latino Behavioral Health Association.

The final Treating subcategory, **Ongoing Treating** refers to what was called maintenance or continued care in earlier models. This subcategory includes the notions of relapse prevention, after-care, long-term care, and rehabilitation, and is typified by booster sessions in a number of evidence-based practices such as Parent-Child Interaction Therapy⁸⁸. Tertiary Preventing, one of the original prevention category terms, refers to the idea of preventing disability or worsening of symptoms for those already diagnosed with a problem, and can therefore be thought of as overlapping with Treating and Ongoing Treating.

The **Re/Claiming** subcategories parallel those of Treating in the new model. Re/Claiming is organized into the time related subcategories of **Early Re/Claiming**, **Re/Claiming**, and **Ongoing Re/Claiming**. This parallel is particularly useful when Treating and Re/Claiming occur simultaneously in a single intervention that strives to both optimize positive functioning and minimize problem related behavior in the context of a mental health problem. Therefore, while someone may be in treatment for a depressive episode, additional early screening may identify assets or positive goals for optimizing mental health. Re/Claiming and Ongoing Re/Claiming may then consist of active efforts to enhance the assets or work toward the positive goals while taking into consideration factors related to the health problems already identified.

Text Box
5.2

An Example of a Re/Claiming Intervention

An innovative study in Portland, Oregon is examining ways in which youth with a diagnosed condition can reclaim health while also treating problems. A collaboration between the Native American Youth and Family Center (NAYA Family Center), the National Indian Child Welfare Association, and the Research and Training Center on Family Support and Children's Mental Health is documenting the effectiveness of NAYA's services for children and youth with and without diagnoses. Specifically, a community-driven definition of what youth success looks like for Native Americans. These participatory definitions of health are used to encourage young adults to achieve success in all domains. Areas of success include the development of healthy relationships, personal capacities, balance and healthy lifestyle choices. Positive outcomes were further defined as including: "knowing lots of people, honoring boundaries, being OK with your body and looking good, finding constructive ways to solve problems, walking in both worlds," and more. Specific reclaiming activities include healing circles, housing and employment programs, life-skill supports and services to assist youth in achieving independent living.

Attending to Developmental Issues

While the new model of Intervening, and indeed the entire framework was developed for children, it may also have applicability across the lifespan. Nevertheless, there are certain considerations that merit attention when thinking about mental health and public health specifically for children. In many ways, children can be thought of as a cultural group defined by age, so addressing their needs requires the same consideration of cultural factors and the need for local adaptation as when working with different ethnic groups or people from different geographical areas. In the case in which children constitute the cultural group, the dominant consideration for all stages of the process of addressing mental health should be children's developmental evolution and the developmental appropriateness of each action.

A focus on children requires the concept of developmental evolution to be infused throughout all stages of the process. The data gathering steps of the *Assessing* process involve choosing developmentally appropriate measures. For example, many self-administered questionnaires cannot be validly used to gather data from children below certain ages. When age appropriate behavior is being assessed, there may be special adjustments to be made about what is age appropriate with certain populations. When using teacher reports of child behavior, for example, it is important to note whether the teacher is with the child all day long, as is the case in most lower grades, or only for a single class period, as is often the case for higher grades.

Developmentally appropriate *Intervening* means selecting interventions that are ideally suited for the age and developmental level of the population of focus. For example, a social marketing campaign directed at young children may want to use parental authority figures as persuasive tools, whereas a campaign directed at teenagers may want to play on adolescent rebellion against parental authority as a motivator. Further, there are a number of developmental transitions that are embedded in childhood that need to be considered. For example, the transition from middle school to high school is associated with certain risks that may encourage or discourage intervention.

The *Ensuring* process also requires attention to developmental issues. For example, ensuring access for children means taking into account caregivers as gatekeepers and primary shapers of children's environments. Ensuring sustainability means making sure there is a workforce with training that is well suited for the children in the population of focus, and requires understanding child-serving systems enough to know what factors support ongoing change for children in those systems.

The lists of developmental considerations in the paragraphs above are not meant to be exhaustive. They are intended as illustrative examples of how comprehensively the concept of developmental appropriateness must be considered in order to effectively implement a public health approach to children's mental health.

Summary

A comprehensive conceptual framework that integrates a public health approach and the area of children's mental health and development is presented in this chapter. The reader is introduced to the vision for the new framework. The components of the framework are organized into four categories: values that underlie the entire effort, guiding principles that steer the work, a process that includes the three core public health functions, and a model of intervening that incorporates the range of interventions needed to craft a comprehensive approach.

As part of the introduction to the new framework, the chapter discusses concepts and language from prior models of mental health intervention and places emphasis on their integration with the new model in the framework. The discussion attempts to balance the United States public health approach's strong prevention component with the promotion

focus seen in many other countries today. Health promotion is emphasized as part of a balanced approach in the Intervening Model presented in this chapter as part of the overall conceptual framework.

The new Intervening Model includes a focus on Promoting, Preventing, Treating and Reclaiming as well as the three steps of the public health process, Assessing, Intervening and Ensuring. Together, they are infused with the values and guiding principles. When all of these parts come together, the result is a comprehensive and coordinated framework that can truly transform mental health for children.

Change of such a large magnitude requires the involvement of many people and systems in terms of planning, reshaping the infrastructure, and reconfiguring processes. In order to fulfill the vision outlined here, policy makers and other leaders will need to engage partners in dialogue to develop implementation strategies. The next chapter will offer a road map to guide leaders as they move forward. The chapter provides examples that help further illustrate components of the conceptual framework and includes stories from places where successful implementation has already begun.

Moving Forward: What Can Leaders Do?

The first five chapters of this monograph have provided the background and justification for a public health approach to children's mental health, a foundation upon which collaborators can build a common language, a brief overview of public health, a sense of how public health is applicable to children's mental health, and finally a conceptual framework for a public health approach to children's mental health. This last chapter provides leaders with concrete strategies to put the public mental health intervention framework into action. The chapter illustrates how pieces of the framework have been implemented in communities or states, and offers effective change strategies and tools to support the work of creating, refining and using the proposed framework. Within this chapter, tools and resources are provided that collaborating groups can adapt in any phase of the process.

Widespread, major transformation around a system's beliefs, values, and practices is required for communities or interest groups to strengthen the mental health of all children. The hope is to energize a movement at all levels—national, state, tribal, territorial and community—by galvanizing leaders from diverse groups to participate in and facilitate the application of a public health approach. However, societal change is a continuous and complex process that requires new behaviors, new partners, and profound changes in structure, culture, policy and programs; it will not happen overnight. Whether leaders take small steps (adding positive health measures to data gathering efforts) or take a series of jumps (strategically adding promotion efforts into existing paradigms), or take a big leap (legislating new rule sets that leverage a public health approach to mental health), each strategy moves closer to a new way of thinking and doing. With every person, every organization, and every system that becomes part of this change, progress is made toward realizing the vision.

First, before exploring the details of what can change, it is important to note where change takes place. Agents of change who improve the quality of children's mental health exist at all levels of the many systems and sectors that impact children. Planning and implementing interventions occurs at the national level, state level, tribal, territorial and local level and in formal and informal systems. Important change often happens at the

local level and is often spearheaded by a small group of individuals with a common interest and passion. In this chapter, the term “group” will be used to refer to the collection of individuals, collaborators, or partner organizations, united by some common interest, who are working to implement a framework for optimizing all children’s positive mental health. The group might reside in a town, a community, or in a larger geographic area, such as a county, territory, state, region or a sovereign tribal nation.

Implementing a public health approach to children’s mental health involves these three processes: Assessing, Intervening and Ensuring. The first part of this chapter (Part A) offers strategies, resources and tools for each of the three core functions of the process. Although presented in a linear fashion in the text, it is important to keep in mind that the processes are interrelated. One must drive the others as they come together to form a continuous feedback loop.

While Part A of this chapter provides a sense of what the work of implementing the framework should look like, Part B provides initial guidance for leaders on how to engage and sustain a process that leads to fundamental change for children’s mental health. The latter section also offers tools and templates to create a vision and a strategic plan for moving forward.

While “what” the work of implementing the public health approach is (i.e., the three adapted public health processes) and “how” to support the work getting done (engaging partners with a shared vision and sufficient resources) have been separated for purposes of clarity in this chapter, in practice both are needed simultaneously. In other words, the process of convening, visioning and planning must support a process of assessing, intervening, and ensuring.

The implementation process must also be considered within the context of the guiding principles stressed throughout this document. The implementation of the framework should be driven by the needs of the children and families within a population or subpopulation and a major first step is to identify shared outcomes. These shared outcomes can, in turn, guide decisions about assessing, intervening, and ensuring. This is not intended to be a one size fits all approach to the framework. Rather, multiple systems within and across communities, regions, tribes, territories, and states must come together to develop and implement plans that are unique and responsive to their unique population.

Part A THE WORK OF IMPLEMENTING THE APPROACH

Data Gathering—Gaining Understanding of the Current Situation

A public health approach to children's mental health is driven by knowledge of the health and determinants of health for a population of children. The data gathering part of the process serves multiple purposes. The data gathered become information that helps leaders understand the needs of the population of focus, the current condition of the mental health of children, the context within which an intervention is offered, and the infrastructure that exists to support children in pursuit of optimal mental health. The information becomes knowledge for leaders to help set priorities, inform plans and make decisions about the interventions. Accumulated knowledge becomes wisdom and power for the group to advocate for community change and to sustain interventions.

Data gathering should be driven by a collaborating group and involve four parts:

- 1) determining what to assess, 2) identifying data sources and data collection strategies, 3) collecting the data, and 4) analyzing and interpreting the data to inform decisions about interventions.

Determining What to Assess

While many communities and states collect population level data on mental health problems/disorders, the new Intervening Model includes a focus on positive mental health outcomes. Incorporating positive mental health outcomes will likely require a shift for agencies and organizations that largely collect data on problems and risk and protective factors that impact those problems. Identifying the determinants of both positive mental health and problem behavior that are important to assess will require a similar shift.

In order to get an accurate picture of the health of a population, data need to be strategically identified and populations should be precisely defined. SAMHSA's Prevention Platform is a web-based application that groups can use to assess their community needs based on epidemiological data*.

A further challenge for groups eager to make the necessary shifts to a balanced approach to data collecting is that the science of measuring positive mental health and its determinants lags behind the measurement of mental health problems at this time. Nevertheless, a group can use the best knowledge available to identify shared outcomes and determinants that will inform a complete understanding of the population of interest and the context as it supports the mental health of their children. A locally-driven process will lead to the determination of

*The Strategic Prevention Framework (SPF) uses a five-step process to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The approach uses the findings from public health research along with evidence-based prevention programs to build capacity within States and the prevention field. More information at <http://prevention.samhsa.gov/about/spf.aspx>

the various data elements that members determine need to be assessed and evaluated. By engaging all partners in this assessment process, the current reality of a setting will come to life and help create a shared picture of what a public health approach to mental health means for their setting or interest group. Examples of mental health and problem behaviors, outcomes, and determinants are provided in Text Box 6.1.

**Text Box
6.1**

**Examples of Mental Health and
Problem Behaviors, Outcomes, and Determinants**

Positive Mental Health Examples

- Social skills
- Attachment to parents
- Ability to form positive, warm relationships with peers and family
- Sense of self esteem
- Sense of autonomy
- Sense of purpose or contribution to society
- Sense of self-acceptance
- Social connectedness
- Youth involved in the community
- Ability to focus on and successfully complete tasks

Mental Health Problem/Illness Outcomes Examples

- Problem behaviors such as classroom disruption, inattention, fighting, etc.
- Socio-emotional difficulty affecting family or school functioning
- Diagnosed mental disorder/illness
- Referral for mental health care services

Determinant Examples

Social, Family and Community Networks

- School climate
- Recreational opportunities
- Consistency of parental discipline

- Exposure to family conflict/violence
- Quality of relationships with parents and other adults in the community
- Community connectedness
- Community safety
- Peer relationships
- Media use in the home
- Family routines/rituals

Living and Working Conditions

- Employment status (parent and/or youth) and occupational factors
- Socioeconomic status (income, education, occupation)
- Natural and built environments (available green space, location of services, public transportation systems)
- Public health services
- Health care services—(coordination, collaboration, availability of services, quality of services)

Broad Social, Economic, Cultural, Health and Environmental Conditions and Policies

- Poverty
- Healthy public policy
- Immigration attitudes
- Language policies

Demographic information on families' socio-economic group, race and ethnic identification, age, geographic location, and child-serving systems or sectors can also be collected. This information will allow groups to disaggregate the data, which is critical to understanding nuances both between and within groups (e.g., racial and ethnic groups), geographic areas, and across the age span.

In addition to understanding the mental health status of the population and the determinants that impact it, an assessment of the current services provided within various child-serving

systems and sectors is important for establishing the need for intervention efforts (see Text Boxes 6.2 and 6.3 for ideas). Leaders must have information on current situation and existing interventions that influence children’s mental health to understand the current situation and environment.

**Text Box
6.2**

Questions to Ask to Assess the Current Situation and Environment

- What is the context/current situation?
- What is going on?
- What is the existing “state of the state/tribe/community/group”? What are the community assets? What are the community needs?
- What are the issues? Opportunities? Problems/Challenges/Barriers?
- What are the diversity issues within our community and our service and support systems that most impact the mental health of children?
- What are the disparity and disproportionality issues for specific groups?
- Who are the partners? Who needs to be engaged? What are the existing links?
- What are the current funding opportunities and challenges?

**Text Box
6.3**

Questions to Ask to Help Determine What to Assess

- What are the factors occurring within the setting that affect the mental health of children?
- What trends affect the mental health problems and illness?
- What if the trends continue unchecked?

Identifying Data Sources and Data Collection Strategies

Once the group has determined data to be collected, the second part of data gathering involves identifying traditional and non-traditional data sources and deciding on the strategies to collect the data. In addition to data collected by institutions and systems, nontraditional sources (e.g., asset mapping, focus groups, and affinity groups) are a rich source of information. Asset mapping is one of many powerful community tools and resources that can support communities as they undergo this process. Some data may also exist as part of existing data collection efforts within child-serving sectors like education and health and human services.

There are several national efforts that provide resources and places to start. The sites and initiatives listed in Text Box 6.4 provide information on the measurement and trends related to children’s well-being. Another initiative and collaboration at the federal level is Finding Youth Info. Finding Youth Info a collaboration of ten federal agencies, is a nationwide effort to help raise awareness about the challenges facing youth contains several tools for communities to enhance youth serving efforts. Table 6.1 contains information from the Finding Youth Info website (www.FindYouthInfo.gov) modified to contain some suggestions

for data that groups might collect and the possible ways to find that data. Each group's data needs and resources will vary, so this list is meant to serve as a springboard. Other data may also be available in various settings to help assess the mental health status and understand both the problems and solutions.

Text Box
6.4

Resources for Measuring and Monitoring Children's Well Being

The **Multi-National Project for Monitoring and Measuring Children's Well-Being** is an ongoing, multi-phase effort to improve our ability to measure and monitor the status of children around the globe. <http://multinational-indicators.chapinhall.org/domainlist.lasso>

The **Federal Interagency Forum on Child and Family Statistics** publishes an annual report on the well-being of children and families. The Forum alternates publishing a detailed report, *America's Children: Key National Indicators of Well-Being*, with a summary version that highlights selected indicators. <http://www.childstats.gov/americaschildren/index.asp>

Duke University manages the **Child and Youth Well-Being Index (CWI)**, an evidence-based measure of trends over time in the quality of life or well-being of America's children and young people. <http://www.soc.duke.edu/~cwi/sectionc.htm>

The **International Society for Child Indicators (ISCI)**, supported by the Annie E Casey Foundation and Child Watch International, brings together experts in the field worldwide to contribute to the well-being of all children, share knowledge and experience, enhance dissemination of information on the status of children. <http://www.childindicators.org>

Child Trends provides information national trends and research on over 100 key indicators of child and youth well-being, with new indicators added each month. <http://www.childtrendsdatabank.org>

Collecting the Data

Sometimes data are available through existing data collection efforts, including some just listed. Developing collaborations with public agencies and community-based organizations can often lead to access to information from existing data sets. Some communities and states already share and transfer public agency data through interagency management information systems (MIS). There are many benefits to sharing this data and making data accessible to other child-serving agencies (see Text Box 6.5); however challenges can sometimes exist in accessing and collecting this information (see Text Box 6.6).

Nevertheless, sometimes new data must be collected, and the data collection process and the organization of the collected data can be monumental tasks. Once again, developing collaborations can be helpful. Collaborations with researchers can add expertise and enable the workload to be distributed over a larger group. Collaborations with the population of focus can help encourage buy-in and investment in the Assessing process and help lead to culturally competent assessment practices⁹⁰. Community-based participatory research (CBPR) is an approach that involves community partners and traditional “experts” and recognizes the unique strengths that each brings. CBPR brings a cultural lense to the process, promoted partnerships, facilitates mutual learning and uses the knowledge of the community to understand health problems and strengths⁹¹.

Table 6.1 Examples and Sources of Existing Data⁸⁹

Data Domains: What Data Do You Want?	Data Sources: Who Collects This Data?	Data Access Points: Where Can You Find This Data?
Demographic data, such as age, gender, school/level, race/ethnicity, etc.	U.S. Census Substance Abuse and Mental Health Services Administration's Prevention Platform Local program data Local survey data	www.census.gov http://prevention.samhsa.gov/about/spf.aspx GIS Mapping Tools
Socioeconomic data, such as income, employment, housing, etc.	U.S. Census U.S. Department of Labor U.S. Housing & Urban Development Annie E Casey Kids Count	www.census.gov/acs Public records Prevention Platform GIS Mapping Tools www.kidscount.org/datacenter
Crime and delinquency data, such as arrests, reported crimes, violence and substance-related offenses, etc.	Local law enforcement agencies U.S. Department of Justice Bureau of Justice Statistics Office of Juvenile Justice Delinquency Prevention (OJJDP)	Sourcebook of Criminal Justice Statistics Uniform Crime Reports Drug Abuse Warning Network Drug Use Forecasting System OJJDP Statistical Briefing Book
Public health data, such as mortality/morbidity, teen pregnancy, immunizations, illnesses, etc.	Department of Public Health Centers for Disease Control	Vital health statistics Hospital records Coroner's office Hospital emergency rooms' discharge data sets
Education data, such as academic achievement, graduation/completion, attendance/enrollment, dropout, suspensions and expulsions	U.S. Department of Education State Departments of Education Local School Districts	Education public records, reports, and data
Traffic/transportation data, such as car crashes, licenses, etc.	U.S. Department of Transportation State Department of Motor Vehicles National Highway Traffic Safety Administration	Traffic and transportation public records, reports, and data
Other public data sources, especially systematically collected survey data	National surveys, such as the Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance System, Monitoring the Future, National Survey on Drug Use and Health, National Survey of Children's Health, National Survey of Children with Special Health Care Needs, Communities That Care, Assets Survey, Annie E Casey Kids Count	http://apps.nccd.cdc.gov/yrbss www.childhealthdata.org www.kidscount.org/datacenter State surveys Local community surveys School surveys
Program/grant funding data, such as Block Grant and Discretionary Grant Information Systems, etc.	National Funds Data Systems (e.g., BGAS) State and community management information systems	Federal, State, and community agencies
Workforce data	National and state professional associations State professional licensing boards	American Academy of Child and Adolescent Psychiatrists American Psychological Association National Association of Social Workers

**Text Box
6.5****Benefits to Sharing Data**

- Supports shared responsibility and accountability of child-serving agencies
- Provides support for joint decision making for interventions (population and individual level)
- Generates clarity of expenditures and cost savings/cost shifting
- Helps determine service access/utilization
- Contributes to system improvements and sustainability
- Informs research and evaluation

**Text Box
6.6****Challenges to Sharing Data**

- Inadequate or incompatible technology impacts time/costs of implementation
- Turf issues and divergent missions, expectations, practices, policies, regulations, and uses of data across agencies (e.g., confidentiality, HIPAA)
- Lack of support, funding, and personnel
- Lack of a champion for the effort
- Lack of policy regarding aggregate data use
- Community/State/Federal structures hinder development of innovative system architecture

Analyzing and Interpreting the Data to Inform Decisions

Once what to assess has been determined, the methods for collecting the data have been chosen, and the data have been collected, the fourth step is to organize, analyze, and interpret the data to inform decisions about where to focus. While it is helpful to think of data gathering as sequential, leaders should recognize Assessing will be ongoing rather than a one-time effort. For example, communities and states will need to continuously assess mental health status across age groups and other groupings to identify and address changing mental health opportunities and challenges and update decisions about how to intervene.

**Text Box
6.7****An Example of Using Data to Inform Decisions from Marion County, Indiana**

An assessment of the child welfare system in Marion County revealed a high rate of recidivism and duplicative service provision. Using the Child Adolescent Needs and Strengths assessment tool, data was collected for over 2000 children in the child welfare system to help identify help inform decision-making. Analysis of the data indicated that different screening tools can be used to more effectively identify those children most in need and most at risk. This information led to the adoption of a new prevention screen tool by the child welfare system and improved outcomes for children.

— Knute Rotto, personal communication, September 14, 2008

Analyzing the data can take many different forms. In some cases, the data can be simply tabulated and examined in a straightforward manner. In many cases, however, analyzing the data in this way can overlook subtleties and complexities within the data that more sophisticated approaches can detect. For example, considering acculturation and

biculturalism in the interpretation and utilization of data can reveal different information about when to aggregate the within-group data from a heterogeneous sample and still maximize external validity. These approaches also can organize the data in ways that help the data tell a story. Epidemiologists, statisticians, other researchers can provide particular expertise in the use of analytical techniques that integrate the information in complex and useful ways.

Once organized and presented in a clear, thorough, and thoughtful way, the data provide an opportunity to identify key mental health strengths and problems, as well as the determinants of those strengths and problems, and strengths and gaps in the existing intervention picture (see next section). With this knowledge, groups can implement the framework to meet the specific needs of the population and develop a locally-driven intervention that intervenes with specific determinants to improve outcomes. By examining data over time for trends in mental health status (positive and negative), leaders can also begin to refine what they believe to be the critical intervention strategies⁹².

The theory of change requires leaders to use data and information to address the current situation, inform decisions about intervening, and link the interventions to outcomes. A group can identify populations or subpopulations of children with similar status and characteristics and identify trends in their mental health status. For example, the data analysis process might emphasize a need to create more opportunities for children of immigrant families to access services if the data highlight that the rates of access for this population are significantly lower than the general population. The group must identify the factors in the environment that are contributing to these rates and design interventions to change these factors. Such factors may include a lack of awareness, limited services, and shortages in the bilingual, professional workforce. Leaders may then decide to launch a public education campaign using multiple languages and multiple mediums to raise awareness about mental health and illness issues, symptoms, and pathways to access care. Additionally, focus groups might be conducted with immigrant families to generate ideas for the types of services and supports that would improve the mental well-being of their families and children. Culturally-based services and health outreach providers, called *promotoras* within Latino populations, may be particularly useful.

As highlighted above, if the data gathered from existing sources does not provide a full picture of mental health status and determinants, leaders should continue to look at the gaps in their understanding and gather new data accordingly. A large portion of these new data to be gathered are likely to be the experiences and observations of families; both those who seek support for children with mental health concerns and those who do not. The continued flow of new information will inform services and programs as well as social marketing and community education. Gathering data is a critical first step to understanding the context and population.

Intervening—Deciding What to Do and Doing It

Once data on the population's mental health status and the social and physical environmental context have been analyzed and the collaborating group has developed its theory of change, the focus can shift to Intervening to achieve optimal mental health for all children. Even in this part of the process, the initial steps of data gathering, analyzing, and developing a theory of change continue to provide knowledge that guides ongoing decisions about Intervening.

Similar to data gathering, Intervening involves several steps: 1) conducting a comprehensive scan of interventions, 2) analyzing the information to inform direction, 3) researching effective interventions across the spectrum of the four intervention categories in the model, and 4) implementing the interventions to fill in the gaps.

Conducting a Comprehensive Scan of Interventions

In an effort to identify opportunities and avoid duplication, leaders can obtain a detailed picture of the interventions already in place. In many ways, this step is an extension of the data gathering process described previously. Communities face the challenges of ever changing landscapes—new programs, initiatives starting and others ending, legislation being approved and other laws expiring, collaboratives becoming energized and others losing momentum. Many communities have lists of existing resources; however such lists are difficult to maintain and keep current. The Helping America's Youth website referenced earlier in this chapter, hosts a useful online community assessment mapping tool that provides census data at the community level and identifies the location of Federal programs that serve youth.

Another useful way to gain a comprehensive picture of the intervention landscape in a jurisdiction is to conduct a scan of interventions that influence the mental health of children. Organizing them into the four categories of Promoting, Preventing, Treating and Re/Claiming will then allow leaders to assess the breadth of coverage the interventions provide. This scan should address the following questions:

- What interventions, universal or focused, exist for children that Promote positive mental health and/or Prevent mental health problems?
- For individuals/populations that already have identified/diagnosed mental health problems, what interventions exist that Treat those mental health problems and/or help Re/Claim positive mental health?
- What else is already going on within the group's jurisdiction that could be considered part of a public health approach*?

*In addition to direct services and supports, information should ideally be collected on the full range of community actions, activities, efforts and/or programs such as healthy public policy, information on supportive environments, community action (e.g., existing collaboratives).

Ideally, the scan will compile information on the following intervention topics summarized in Table 6.2 below: 1) a description of the intervention; 2) the type of intervention[†]; 3) the intended focus of the intervention, including the determinants that are being addressed; 4) the outcomes targeted and measured; 5) the impact on the environment; 6) the population of focus[‡]; and 7) the system(s) and/or sector(s) of implementation.

One particular challenge with this step is that many interventions that impact children's mental health may not label themselves as mental health interventions. In order to overcome this obstacle, the scan should initially be broad and include interventions from all child-serving systems and sectors, from the child mental health care system to the public health system, to education, and to all other settings and structures. Some criteria can then be developed to guide decisions about the degree to which an intervention impacts children's mental health and how it should be categorized. The scan should collect data from public agencies as well as private agencies (e.g., community-based organizations, philanthropy, ethnic-based organizations, faith-based).

Table 6.2 Scan of Interventions				
	Promoting	Preventing	Treating	Re/Claiming
Description of intervention				
Type of intervention				
Intended focus				
Outcomes measured				
Impact on environment				
Population of focus				
System/sector				

Figure 6.1 below organizes a range of interventions that can be found in many settings and shape environments and that can be provided for many populations into the four broad intervention categories: Promoting health, Preventing problems, Treating problems, and Re/Claiming health. In this example, several themes emerge as the interventions are pulled under this organizing umbrella for examination and action. The themes include:

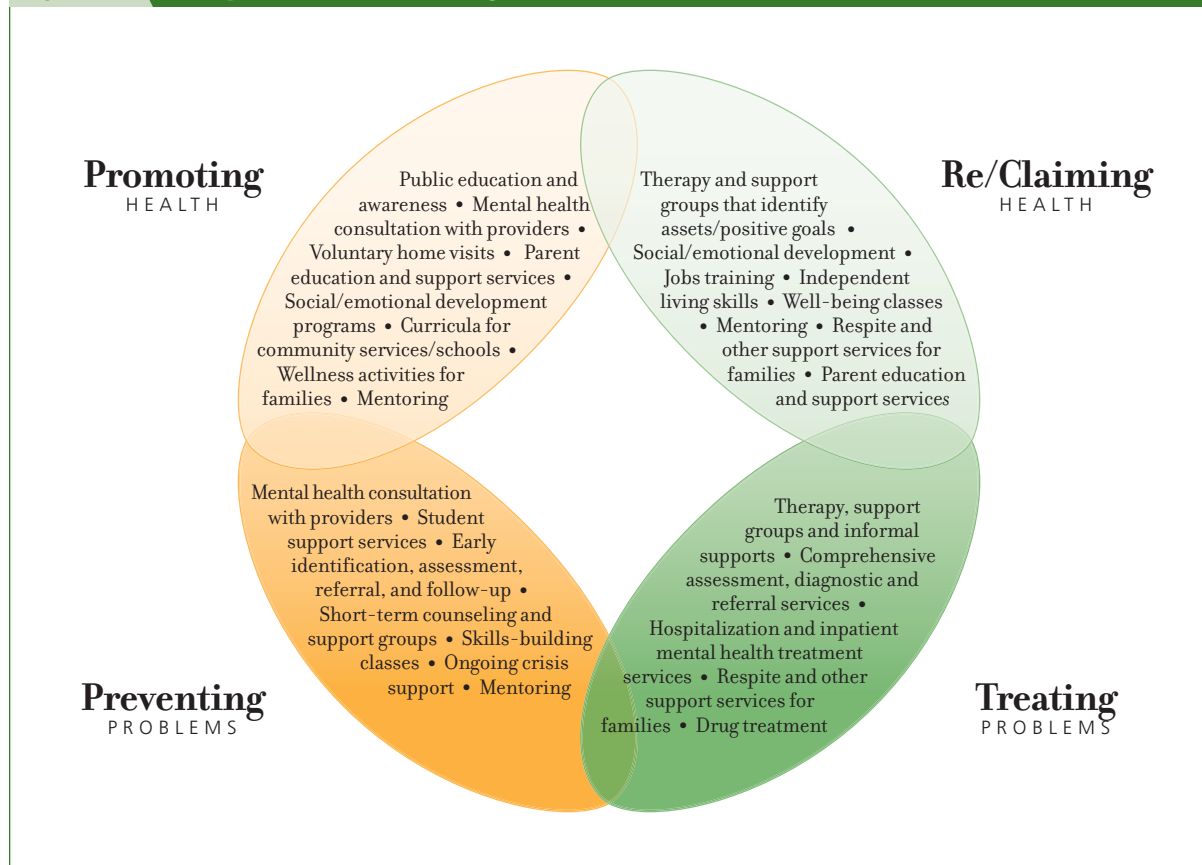
Multi-sector nature of the interventions. While many of the interventions highlighted below are typically provided within the mental health care system, an equal number have their roots in other systems and sectors, such as education, the labor market, and media outlets. Similarly, many of the interventions listed below may be implemented by sectors in collaboration with

[†]The subsequent topics, 3 and 4, help leaders determine which intervention categories the intervention falls under.

[‡]Information on the age range, gender, race/ethnicity, setting, and geographic location will help leaders identify gaps and/or duplications for certain populations.

the mental health care system or in collaborations between other systems or sectors, such as juvenile justice, education, child welfare, and the physical health care system. Organizing interventions into the four intervention types can help leaders begin to make links between various resources and opportunities, including many that may have not been previously identified as children's mental health interventions.

Figure 6.1 Examples for the Intervening Model for Children's Mental Health



Distinctions and overlap. As information is gathered on interventions, it becomes clear that interventions often span more than one intervention category. For example, depending on the focus and outcomes measured, different mentoring programs could fall under Promoting, Preventing and/or Re/Claiming, if not Treating, too. As discussed earlier, interventions that focus on optimizing positive mental health (Promoting and Re/Claiming) may in practice look very much like those that focus on reducing mental health problems (Preventing and Treating). Furthermore, it may often be difficult to draw a rigid line discerning when an intervention is taking an identified mental health problem into consideration and when it is not, so Promoting may blur into Re/Claiming and Preventing may blur into Treating. In fact, at least one intervention that was developed around a public health approach, the Positive Parenting Program (Triple P), can reasonably be considered a combination of all four intervention types.

One factor that can be helpful for distinguishing between interventions is the type of outcome measured. Outcome data can provide information about the intent and scope of the intervention. The goal is to make sure that all four activities are well represented in the jurisdiction, and that all are recognized as important parts of a comprehensive approach to improving children's mental health. Bringing them together in this organizing umbrella is an important step in bringing improved coordination to that comprehensive approach.

Text Box
6.8

An Example of a Promoting and Preventing Intervention: Caring School Community (CSC)

The dual focus on optimizing skills and reducing problems, and corresponding measurement of both types of outcomes, is what classifies CSC as both Promoting and Preventing.

"Caring School Community, formerly called the Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. By creating a caring school community, the program seeks to promote prosocial values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency."

Source: National Registry of Evidence-based Programs and Practices (NREPP), Substance Abuse and Mental Health Services Administration (SAMHSA). Downloaded August 25, 2008, from http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=158

Breadth of information. Conducting a scan of this nature can be an overwhelming task as the breadth of interventions emerges. Communities and stakeholders groups or agencies will often have existing resources or databases or lists of initiatives. The challenge is gathering this information in an ever-changing environment.

To support the comprehensive scanning effort, communities and states may consider storing intervention information in a format that allows easy maintenance, updates, and accessibility by interested parties. If not already available, leaders may consider storing the information in a web-based, searchable database.

Focus area. The interventions highlighted above can be implemented for individuals, groups, schools and other intact groups. The interventions may also occur at the community, state, or national level.

Furthermore, an intervention can be something other than a program or service. Two examples of non-programmatic interventions are provided in Text Box 6.9, one that focuses on policy and one that focuses on social marketing.

Text Box
6.9**Two Non-Program Examples of Interventions****Maryland Behavioral Consultation**

The early childhood mental health steering committee used excess funds from the childcare administration budget to pilot two behavioral consultation programs and collect data on the ability of children with behavioral concerns to avoid expulsion from their preschool or daycare program. The data were used to advocate in the state legislature for policy and funding for statewide access to behavioral consultation for early childhood environments such as childcare and preschool. The legislature, in enacting policy to bring behavioral consultation statewide, cited the data as the reason for their support. The policy was driven by the data collected in the pilots. On-going data collection was also required as a part of the policy.

Mental Health Awareness Campaign—National promotion/prevention/reclaiming social marketing effort

This organization is a nationwide nonpartisan public education campaign that was launched as part of the 1999 White House Conference on Mental Health. The campaign is dedicated to battling the stigma, shame, and myths surrounding mental disorders that prevent so many people from getting the help they need.

During the past 9 years millions of people have been educated through a speaker's bureau, public service announcements, Town Hall Meetings, media outreach and printed materials. The speaker's bureau partners with schools to fight stigma, nurture the mental health of all students, and decrease the risk of suicide. In one particular program, the data sought relates to the number of students who seek help for mental health concerns.

Organization of interventions by model category. Once information is collected about current interventions, the interventions can be organized according to the Intervening Model. Table 6.3 highlights examples of clinical and program interventions that include Nurse-Family Partnership (NFP)*, Good Behavior Game (GBG), Multi-Systemic Therapy (MST), and Positive Psychotherapy (PPT). While each of the interventions in the table appear to be an example of a program or service, other interventions such as policy development related to the program, community action, social marketing and/or community education can be organized in the same manner.

Analyzing the Information to Inform Direction and Focus

Once information on existing interventions for the population is collected, the data can now be examined for gaps, duplication, interventions in place without evidence, and opportunities. Data may be examined in numerous ways, depending on the interests (e.g., by age group, racial/ethnic group, determinants of interest, positive or negative health outcomes, geographic areas, types of intervention, etc.). Table 6.4 contains questions to consider as leaders look at the intervention landscape and make decisions about areas on which to focus.

Examination of the interventions may reveal a lack of focus on certain determinants that were identified as important factors influencing mental well-being in the community, such as

*While NFP is best known in this country as a Preventing intervention, the logic model underlying the program includes improving the care children receive in order to promote age appropriate development. While the majority of the outcomes initially assessed in evaluations of the NFP pertain to problem reduction, subsequent studies have examined positive health outcomes such as parent-child attachment and child intellectual functioning. Thus, NFP is categorized as a Promoting intervention for the purposes of the table.

Table 6.3 Sample of Evidence-based Interventions

Sample of Evidence-based Interventions				
	Promoting	Preventing	Treating	Re/Claiming
Description of Intervention	Nurse-Family Partnership (NFP)-Nurse home visitation program for low-income, pregnant women)	Good Behavior Game	Multisystemic Therapy (MST) (an intensive, family-based treatment approach for improving the antisocial behavior of serious juvenile offenders)	Positive Psychotherapy (PPT) (12 hours of group or individual therapy for individuals seeking treatment)*
Level of Intervention	Individual	Class-room/School-based	Individual	Individual and Group
Intended focus	The nurses teach (i) positive health related behaviors, (ii) competent care of children, and (iii) maternal personal development (family planning, educational achievement, and participation in workforce).	1st-2nd grade classroom management strategy for decreasing aggressive/disruptive student behavior	The approach seeks to reduce youth criminal activity and other kinds of negative behavior (for example, drug abuse) in a cost-effective manner by limiting the need for incarceration or other types of out-of-home placement	The therapy directly builds positive emotion, character strengths, and mean among depressed college students.
Child Outcomes Measured	<ul style="list-style-type: none"> • Parent-Child Attachment • Behavioral regulation • Intellectual functioning and academic achievement • Receptive language 	<ul style="list-style-type: none"> • Lifetime Major Depressive Disorder and Anti-Social Personality Disorder • Lifetime illicit drug abuse/dependence • Rate of lifetime alcohol abuse/dependence • High school graduation rate • Access to services 	<ul style="list-style-type: none"> • Decreased behavioral and mental health problems for serious juvenile offenders • Reduced long-term rates of criminal offending and recidivism in serious juvenile offenders 	<ul style="list-style-type: none"> • Depression • Life satisfaction
Determinants Measured	<ul style="list-style-type: none"> • Improved Prenatal Health • Fewer Subsequent Pregnancies • Increased Intervals between Births • Increased Maternal Employment 	<ul style="list-style-type: none"> • Classroom environment • Classroom reinforcers (e.g., social, token, activity, edible) 	<ul style="list-style-type: none"> • Improvements in family functioning • Reduced rates of out-of-home placements for serious juvenile offenders 	<ul style="list-style-type: none"> • None measured
Population of Focus	Intervenes with low-income, pregnant women, most of whom are (i) unmarried, (ii) teenagers, and (iii) without previous children, but with a focus on improving the lives of their children.	1st-2nd grade students	Juvenile offenders and their families. The targeted youth are chronic, violent, or substance abusing juvenile offenders at high risk of out-of-home placement.	College students seeking treatment for depression
Website	www.nursefamilypartnership.org	www.evidencebasedprograms.org	www.mstservices.com	www.nj-act.org/PositivePsychotherapy.html www.ppc.sas.upenn.edu/publications.htm

*This example describes an intervention with a college-aged population. At present, no reclaiming interventions with data on positive outcomes are available for children with an identified mental health problem.

Table 6.4 Sample Questions to Ask About Interventions

	Promoting	Preventing	Treating	Re/Claiming
What exists?				
What are the gaps?				
Where is there duplication?				
What interventions are being implemented that do not have substantial evidence or are known to be ineffective?				
What interventions have strong evidence of effectiveness from the community or from research? And for whom?				

transportation or family violence. The data may reveal a strong emphasis on Treating and Preventing interventions with little focus on Promoting and Re/Claiming. Data may highlight a lack of services and supports for transition aged youth or specific ethnic groups. Similar collaborative efforts might be identified that would benefit from being brought together under a larger population framework.

Researching Effective Interventions across the Spectrum of the Four Intervention Areas

The public health approach emphasizes using data to drive decisions which means that particular value is assigned to clinical and program interventions that have data supporting their effectiveness. Around the nation, there are many examples of effective evidence-based interventions and evidence-based practice* currently being implemented in multiple locations. It may be useful to obtain information about what evidence-based programs are being represented and to determine if there are gaps or additional needs. Once the direction is determined, groups can research effective interventions for consideration.

Effective interventions may already exist within the setting or for the population, may be identified through a national or state registry of effective practices (see Text Box 6.10 for resources), or may be identified and determined by the community. In some cases, there may not be sufficient data to support even well-regarded interventions, and judgments will need to be made about appropriate levels of evidence of effectiveness. Sometimes, the group will make those judgments independently and at other times there may be guidelines in place about how those judgments should be made.

*The APA Council of Representatives adopted as policy the following statement: "Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. This definition of EBPP closely parallels the definition of practice adopted by the Institute of Medicine (2001, p. 147) as adapted from Sackett and colleagues (2000). The purpose of EBPP is to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case, formulation, therapeutic relationship, and intervention."

When making decisions about implementing interventions, it is critical to directly link the interventions chosen to desired outcomes. At times, decisions may be made to implement certain interventions due to political or public pressure, the popularity of the intervention, or funding issues. By asking, “How will this intervention lead to our desired outcomes?” communities will better maintain focus and ensure accountability.

Text Box
6.10

Website Resources for Effective Interventions

Social Programs that Work summarizes the findings from well-designed randomized controlled trials that have particularly important policy implications—because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect. <http://www.evidencebasedprograms.org/>

Promising Practices Network features descriptions of evaluated programs that improve outcomes for children. http://www.promisingpractices.net/programs_outcome.asp

Community Preventive Services contains The Community Guide’s systematic reviews of the effectiveness of selected population-based interventions designed to reduce or prevent violence by and against children and adolescents. <http://www.thecommunityguide.org/violence/default.htm>

National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA) is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. <http://www.nrepp.samhsa.gov>

Hawai’i State Department of Health Child and Adolescent State Mental Health Division developed a “Blue Menu” tool to guide teams in developing appropriate plans using psychosocial interventions. <http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>

Implementing the Interventions to Fill in the Gaps

As stated previously, transforming an approach is a process, not an event. Implementing the interventions will not happen all at once, and groups will likely hit bumps along the way. While the idea of implementing a locally-driven public health approach to address the mental health of all children may seem daunting, thinking about the smaller steps along the journey may be helpful. Test the plan with people who control resources, advocacy groups, and leadership groups who affect implementation or the outcomes. While groups may decide to take on easy wins first, it is important to consider whether the easy wins reflect the desires and needs of the community. They may decide to implement the most important pieces first, or ones that will get a key participant on board and willing to support the whole plan.

In an extensive review of the research literature on implementation, Fixsen and colleagues note that implementation occurs within the context of community and identify stages in the process of implementation⁹³. While their stages of implementation differ somewhat from the change steps described in the preceding pages, the similarities are greater than the differences, and the list of stages provides a helpful way to prioritize implementation steps and attend to strategy of roll out.

Text Box
6.11**Implementation Stages and Activities**

Stages of Implementation	Possible Activities in Public Mental Health Intervention Framework
Exploration and Adoption	Identify current interventions that fall under the public mental health intervention framework
Installation of the Framework	Initial activities that may need occur to adopt the framework (e.g., alignment of political will, structural supports, guiding coalition, availability of funding streams, human resource strategies, reporting frameworks, and outcome expectations)
Initial Implementation	Initial changes in practice, behaviors, organizational cultures
Full Operation	New learning becomes integrated into community interventions; Public health approach to mental health becomes the standard
Innovation	New partners and ideas enhance the full range of interventions addressing the mental health of children
Sustainability	Public health approach to mental health has political support, funding streams, committed leaders

Adapted from Fixsen et al. (2005)

Ensuring—Being Effective and Accountable

The conceptual framework described in Chapter 5 offers a structure for pulling together often fragmented efforts into a common and comprehensive public health approach. As the full range of children's mental health policies, actions, activities, efforts and programs becomes organized and implemented within this framework, leaders must ensure that the interventions reach their intended audiences, that the interventions are implemented effectively by a highly competent workforce, and that the interventions are sustainable.

Access

A public health approach to children's mental health involves shaping children's environments, in part by providing a comprehensive array of activities, efforts and programs for all children. Barriers to equal access and affordability of mental health care may be influenced by personal, financial, and structural factors. Individual factors may include things like gender, race/ethnicity, language, sexual orientation, cultural differences, or lack of knowledge about when or how to seek care. Financial barriers may consist of insurance status or prohibitive cost of services. There may also be structural barriers such as a lack of professional providers to meet special needs, limited geographic location of services, handicap accessible issues, lack of child care for families' other children, lack of coordination between child-serving agencies, or confusing intake processes. Effective interventions may be available for children; however, if personal, financial or structural barriers are not overcome then only a few children will benefit. Ensuring access for all children to the appropriate levels of mental

health intervention is necessary for all children to move toward optimal mental health and for at-risk populations and children with mental health problems or illness to receive the Treating and Re/Claiming interventions they need.

Communities should ensure that the array of interventions includes:

- A wide range of services and supports that meet the range of identified mental health needs of the population.
- An organized and coordinated point of entry to care⁹⁴ that may be through one entrance point in a community or through multiple entryways.
- Services and supports located where children and families are (e.g., natural settings such as schools, primary care, parks, malls, etc.).
- Services and supports available when children and families need them (e.g., after hours, weekends).
- Availability, participation, and training of bilingual and/or bicultural workforce representative of the communities served when appropriate.
- Family-driven and youth-guided choice of professionals, treatment settings, and types of intervention.
- Consumer choice of forms of payment for mental health services.
- Developmental appropriateness—taking into account the age and developmental capabilities of children.

Quality

Ensuring the quality of a public health approach to children’s mental health involves the delivery of interventions for the population of focus in an effective way. The delivery of effective interventions requires a competent workforce, with competence referring to both formal and informal qualifications. It also requires the use of evidenced-based programs and practices to the degree possible and as defined by the community. Effective intervening also requires culturally and linguistically competent practices and policies, family-driven and youth-guided practices and policies. Finally, it requires ongoing assessment of the impacts on outcomes for children and their families, as well as the community as a whole.

Continuous quality improvement (CQI) structures specify the measurement of quality and provide feedback loops that guide mid-course corrections to improve systems*. A CQI approach recognizes that families and youth are critical contributors to the quality improvement processes. Their experiences and feedback provide a picture of how the system is operating, whether or not services and supports are being delivered in culturally competent, family-friendly ways, and how children are behaving, functioning and feeling. Families and

*CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems: focuses on “process” rather than the individual; recognizes both internal and external “customers”; promotes the need for objective data to analyze and improve processes. Source: Graham, N.O. *Quality in Health Care* (1995).

youth provide an important perspective on the question of whether front line providers are competent, adequately trained, and sufficiently supervised to provide effective behavioral health services. Effective structures use the data on quality to provide regular and timely feedback to all stakeholders to improve interventions and the infrastructure.

Sustainability

Implementing a public health approach to children’s mental health does not have an end point. It is an on-going transformation, so evaluation, processes, and infrastructures for refinement are important and will be a significant part of an early planning dialogue. Addressing and planning for sustainability at the very beginning is important and involves refining the “macro” elements (e.g., vision and outcomes) as well as the “micro” elements (e.g., services and programs) of the framework to increase the likelihood of shared commitment and engagement. A well-planned and implemented evaluation process offers the opportunity to document the value and impact of the change efforts, and can guide policy at the governance level.

Sustaining a multi-sector effort requires a particular commitment to an on-going process of planning, implementation, and evaluation, which will be covered in more detail in Part B of this chapter. It is worth noting here that in most settings, sustaining a transformative effort as comprehensive as a public health approach to children’s mental health will require a dedicated infrastructure that has the authority to commit resources, advocate for policy changes, and implement programs.

The national evaluation of the federally-funded Systems of Care mental health service sites explored the impact of several strategies on the sustainability of Systems of Care after federal grant funding has ended. Sites reported that active efforts must focus on maximizing several sustainability strategies if Systems of Care are to be maintained. The most effective strategies for sustaining Systems of Care identified by the sites are listed in Text Box 6.12.

Text Box
6.12

Most Effective Strategies for Sustaining Systems of Care⁹⁵

- Cultivating strong interagency relationships
- Infusing the system-of-care approach into broader system
- Involving stakeholders
- Establishing a strong family organization
- Using evaluation results
- Creating an ongoing focal point for managing the system of care
- Making policy/regulatory changes for systems of care

Part B HOW TO GET THE WORK STARTED

The public health approach to children's mental health described in the conceptual framework in Chapter 5 represents a continuous cycle of work. Each component of the process—Assessing, Intervening, and Ensuring—requires that all parts of the process are undertaken in a complete and comprehensive manner for optimal effectiveness. But none of the three components occur without considerable effort. They require leadership that provides an overarching vision, opportunities for ongoing local application, as well as an infrastructure to support sustained effort in order to truly implement a public health approach to children's mental health.

This part of the chapter provides information on creating an infrastructure and moving it forward to guide the implementation and ongoing efforts. The section is broken down into three subsections. The first is dedicated to convening the people who will make the effort happen. The second outlines the process of creating the guiding vision and shared goals. The third subsection touches on the resources groups may need to support their work.

Convening—Building a Coalition

Transformative change of the nature described in this monograph works best when representatives from multiple sectors come together to create a public health approach to children's mental health. Those representatives typically become involved for one of two purposes. First, they are leaders who initiate and guide the process. Second, they are stakeholders who engage in some stage of the process, whether it be creating, planning, implementation, or evaluation.

Leadership

Strong leaders are needed to initiate the process and nurture change through distress and tension, as well as success. One or more leaders may begin with a sense that the current trajectory is not satisfactory and that change is imperative. Typically, leaders emerge from those with enough experience to have acquired a big-picture perspective on what things should be different and who the critical players are to make change occur.

Initiators of this process can come from any number of backgrounds or groups. Initiators might include organization such as civic organizations, foundations, advocacy groups, city, tribal, state or regional governments, or

Text Box
6.13

An Example from Maryland

A children's mental health director in Maryland wanted to expand statewide efforts in mental health for young children. He found a powerful partner who shared his vision in the superintendent for special education for the state. Together they created, supported, and participated in the Maryland Early Childhood Mental Health Steering Committee. Since 2000, this committee has achieved a statewide behavioral consultation for child care and helped create a strategic plan for young children titled, *Children Entering School Ready to Learn*, that was created and embraced by a variety of child serving domains, as well as the Maryland State legislature.

Zachik, A (n.d.) Maryland's Early Childhood Mental Health Initiative. Downloaded from www.state-eccs.org/meetmaterials/materials/0308/partner/zachik.ppt

they might be families, neighborhood or school groups. Potential leaders could include the children's mental health director of a state, a public health professional, a physical health care system provider, or a leader from another system that provides support for the mental health of children. In many states and communities it is ideal to have someone with authority within the mental health care system as part of the leadership team.

The leader or leaders are responsible for initially gathering people and resources to the table who will co-design work to implement the plan^{96,97,98,99}. Leadership is often shared, but having clearly defined roles can be crucial for success. The leaders' role is also to protect other voices in the process and guard the vision of the group as progress is made. Leaders can help ensure that every person at the table feels heard and valued. An important leadership role may also be to convene and gather people to answer the questions below (Text Box 6.14).

Text Box
6.14

Questions for Leaders to Ask Themselves and Others When Undertaking a New Collaborative Initiative

- Can I articulate my personal vision for this work?
- What resources do I/we have to lead this effort?
- What do I need to get things going and keep them moving?
- Who are my peers who are allies that have either expressed interest in a public health approach, or seem to think in similar ways?
- Who might be a key ally that might need a little educating and encouragement, but is critical to have on board (as a participant or as a co-leader)?
- What is the ally's perspective of mental health and how does it apply to their domain?
- Do they have a vision for a public health approach to mental health for the population of interest?

Text Box
6.15

Actions for Leaders to Take

- Start and facilitate a dialogue to build initial consensus with possible co-leaders from other systems
- Seek leaders in their own sectors who can motivate others within their systems
- Begin to determine who needs to be at the table for the next phase
- Gather information about other related efforts

Form a Powerful Guiding Coalition

The field of public health includes a large and growing number of disciplines and specialty areas. Public health approaches are integrated within many disciplines including biology, medicine, nursing, maternal child health, emergency and disaster preparedness, infection control, genetics, violence prevention, environmental sciences, epidemiology, and more. This monograph embraces the view that a public health approach is a multi-sectored approach and yet also recognizes that public health is a highly developed professional field that integrates many disciplines. Public health professionals can lend their experience, knowledge and

resources to children’s mental health efforts. An important value of the public health approach is the collaboration with various relevant sectors, settings, and people.

As such, an important function of the allied leaders already on board is to identify, invite and engage other critical participants who are needed to shape, promote, and implement the framework. It is important that this group represent the multiple sectors and constituencies and be powerful enough to lead the change effort and help create a comprehensive approach for the community, state, or locality of focus.

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

MARGARET MEAD, 1958

Coalition members should represent systems and sectors that impact children’s mental health, such as parks and recreation, education, faith based groups, ethnic-based organizations, and the physical health care system (see Chapter 1, Text Box 1.4). Leaders who think creatively and broadly when constructing this coalition may find surprising rewards as they begin the planning. Groups that have undertaken planning processes to begin moving toward a public health approach in the area of mental health report that some of the most enthusiastic partners have been from unexpected sectors. The coalition should be sufficient in size to ensure successful planning of an initiative of this magnitude, including being able to prioritize and take action steps, gain buy-in from other key stakeholders, and create change in financing, policy and practice.

Text Box
6.16

Strategies for Building a Powerful Coalition

- Consider the core competencies and influence necessary in individuals
- Engage members who have credibility, skills, connections, reputations, and formal authority to get the job done
- Think about including nontraditional partners and formal and informal leaders
- Members should be emotionally committed to the change process and inspire others
- Encourage members to work as a team outside normal hierarchies that exist in their systems
- Coalition should acquire the necessary resources to support the change process
- Coalition should maintain an approach and direction consistent with the shared vision

Guiding the Work—Creating a Plan

“A shared vision is not an idea...It is, rather, a force in people's hearts, a force of impressive power... Few, if any forces in human affairs are as powerful as shared vision.”

PETER SENGE, 2006

Groups, especially diverse groups, need guides or touch points upon which they rely to create and maintain their focus. Two such guides highlighted in this section are a shared vision and comprehensive change plan. Developing a shared vision and change plan help a group form and engage in a process of working together¹⁰⁰. These steps are often cited by business management experts as important to the success of any group venture.

Developing a Shared Vision

A compelling vision is a guide that commits people to the work, connects them to the group, and impacts

conversations they have about the work. Creating a vision is a critical first step in any initiative, and adapting it is an on-going process. As one well-regarded leader from the field of organizational development points out, “Guiding ideas are not static. Their meaning, and sometimes their expression, evolve as people reflect and talk about them, and as they are applied to guide decisions and actions¹⁰⁰.”

Each participating interest in a group contributes to shaping a vision that encourages, binds, and energizes members to a common aspiration. Members of the group bring their individual visions to the table because shared visions are often rooted in personal visions. The power of the shared vision comes from joining those personal visions to create a new understanding that reflects the diverse perspectives represented in the group. Creating a vision first and then seeking endorsement from the group may feel more efficient for the initiator; however, soliciting input from all participants is more likely to foster a sense of ownership and commitment. A participatory process for creating a shared vision will benefit the group in the long term. Some additional key benefits of going through the process of developing a shared vision are presented in the following text box.

Text Box
6.17

Benefits of Developing a Shared Vision

- Keeps focus on the ultimate goal
- Enrolls others to help achieve the goal
- Provides direction to keep the process and progress on course
- Encourages risk taking
- Supports persistence
- Identifies and defines the long-term investment

Senge, P.M. (2006). *The Fifth Discipline*. New York: Currency Doubleday

Text Box
6.18**Questions to Ask When Creating a Shared Vision**

- What is the image of the future we wish to create?
- How do we articulate what we are doing and why it is important that we do it?
- What are the priorities of other partners who might be emphasizing a different aspect of the public health approach (i.e., Promoting, Preventing, Treating, and Re/Claiming)?
- What will keep us committed to the work?
- What are the reactions to the shared vision? Are there enough people who are committed and engaged?

Developing and Evaluating a Plan

Create the change plan—Logic model. In addition to a vision of a desired future, groups are encouraged to develop a plan for action. Individual plans can also be made for any action steps that occur throughout the process, but this discussion pertains specifically to the large transformational change toward implementing the conceptual framework. The plan is like a roadmap that provides a way to look at where the group is starting (current situation), where the group wants to go (the desired outcome), and the milestones to reach along the way (short term outcomes), as well as a way to get from where they are to where they want to be (action items or activities). To use the map, communities will need to answer three main questions:

1. Why do we need to change? (current situation);
2. What will we do? (activities/interventions);
3. What results do we want? (desired outcomes).

A logic model is a tool or vehicle for helping communities address those questions. A logic model is a graphic representation or blueprint of the key elements of the transformation effort and how communities will work to resolve an issue, identify a barrier, and support a change. The guiding coalition can develop a logic model through a locally driven process that gathers input on the current situation, ideas for interventions, and community-defined outcomes. The end product is a physical picture of how everything links up. This logic model can then be used to communicate the group's change plan.

The logic model is useful on many different scales. In any complex initiative, there are overall goals and intermediate goals. Logic models are helpful for both large and smaller strategies. Logic models can provide a template for decision-making and ensure that activities are linked to outcomes and groups and track movement.

Text Box
6.19**Website Resources Pertaining to Logic Models**

WK Kellogg Foundation
www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Centers for Disease Control Logic Model Resources
www.cdc.gov/eval/resources.htm#logic%20model

While some logic models are quite complex and include many components, for the purposes of helping a group get moving toward a public health approach to children’s mental health, the focus should be on components that address the three main questions posed above—current situation, desired outcomes, and activities/interventions.

Articulate desired outcomes and key indicators. Desired outcomes are intended benefits or changes that can occur as a result of actions of the guiding coalition. Groups can identify changes in knowledge, attitudes, values, skills, behavior, practice, policy, condition, environment, or other attributes that they expect to monitor in order to evaluate the success of their efforts. In particular, when implementing a public health approach to children’s mental health, groups will want to know what changed as a result of their actions. The process of defining outcomes helps a group identify the focus of its efforts.

Text Box
6.20

Tips for Identifying Desired Outcomes

- Imagine a point in the future when a public health approach to children’s mental health has been successfully implemented.
- Find words to describe what people would see, hear, and feel as they observe the changed environment.
- Reach consensus on the words to describe what the environment will look, sound, and feel like.
- Identify obstacles that may be encountered and overcome along the way (assumptions).

It can be helpful to organize the desired outcomes so as to sharpen the focus of the plan. One way to organize desired outcomes is in an expected chronological order, with short-term outcomes focusing on immediate learning; intermediate outcomes applying that new knowledge into action, and long-term outcomes serving as the strategic goals and anchoring point that may take many years to achieve. An acronym commonly used by collaborating groups to identify successful outcomes can be seen in Text Box 6.21.

Text Box
6.21

Outcomes Should Be “SMART”

Simple & straight forward
 Measureable
 Attainable & appropriate
 Relevant & related to priorities and activities
 Time-specific

Sustaining the Work—Assembling Resources

Infrastructure

One of the biggest challenges to success is establishing the infrastructure necessary to sustain efforts. While the topic of infrastructure is beyond the scope of this monograph, thinking about infrastructure issues from the very beginning can help ensure that the group is ready to address them when the time comes. Once a group of people are gathered and committed, and they have a shared vision and a shared plan for change, they can begin the process of implementing a comprehensive public health framework for children's mental health. The ongoing processes of organizing the work, ensuring the proper workforce, evaluating the results, and making course corrections require a substantial commitment of time, money, and energy. Most experts suggest that groups think from the very beginning about how the planning and work will be done over the long term.

Text Box
6.22

Questions to Consider for Ensuring the Effort Can Be Sustained

- What is the expected duration of the initiative?
- Will those that initiated the effort continue as leaders?
- Who will be involved in planning and oversee activities?
- What amount of time is required by those in defined roles?
- What resources will be needed to plan, implement and evaluate?
- Do any of the organizations represented have resources, human and otherwise, to dedicate to the effort?

Facilitation

Experts also point out that change requires process and process requires meetings. Successful meetings require organization, direction and facilitation. While a facilitator can be a member of the guiding coalition, it may also be helpful to engage outside facilitators. Outside facilitation can allow all members of the coalition to act as equal participants in dialogue, help ensure that all viewpoints are given attention without regard to internal group politics, and focus full attention on facilitation responsibilities¹⁰¹. At any rate, facilitators can be useful to all phases of creating, implementing and evaluating a public health framework for children's mental health.

Text Box
6.23

Roles of Facilitators

- Create an agenda
- Manage the dialogue to keep it moving, focused and productive
- Organize information into an action plan
- Create accountability for actions
- Keep track of progress

Summary

Major transformation takes on-going planning, action and evaluation. There must be a strong sense of what needs to be done, who needs to be involved, how the work will be done, where it will be done, and what it will look like if it is successful. The move toward a public health approach to children's mental health is particularly complex because it must occur in multiple places and at multiple levels in a coordinated and comprehensive manner in order to help children in a variety of environments.

This chapter has provided an overview of how to begin thinking, planning and building an infrastructure so that the transformative work can be done. The first part of the chapter focused on the public health approach adapted for children's mental health—the processes of Assessing, Intervening, and Ensuring. Examples and key ideas to consider within each of the functions were provided, as well as ways in which the processes link together.

The second part of the chapter focused on how to get the work started, beginning with the process of convening the right people. After convening, the steps of building consensus about shared vision and comprehensive change plan were discussed. Finally, resources needed to carry the work forward were highlighted.



Conclusion

Mental health is a critical ingredient for success in life for all children. Some children will rise or fall based upon their ability to face and manage the every day stresses of life. Some children will experience severely stressful situations in their lives that put them at risk for developing mental health problems, while others will face trauma and emerge stronger. And some children will be born with mental health problems that will persist throughout their lives. All of these children, with varied biology, diverse environments, and different experiences, have the potential to thrive. Whether they thrive or not depends on a complex set of factors that exist at the individual level and as part of the family, the community, and the societal environments. A public health approach to children's mental health takes all of these factors into account and represents a comprehensive and coordinated approach that engages multiple partners in helping children develop their individual resources and in shaping their environments to give them the best chance at success.

This guiding vision for this effort is that communities as well as society at large will:

- work to positively shape and strengthen children's physical, social, cultural, political, and economic environments in ways that promote optimal well-being and help prevent mental health problems.
- provide a full continuum of services and supports, from promoting health and preventing problems to treating problems and reclaiming health, that help all children manage environmental, social, and emotional challenges, thrive, and be contributing members of society.

This document emphasized five guiding principles to achieve this vision. The guiding principles of this framework indicate that a public health approach to children's mental health requires:

- Taking a population focus.
- Balancing a focus on children's mental health problems with a focus on optimizing children's positive mental health.
- Working collaboratively across a broad range of formal and informal systems and sectors that impact children's mental health.
- Placing greater emphasis on creating environments that promote and support optimal mental health and skills that enhance resilience.
- Adapting the implementation to local contexts and settings.

These five principles, as well as a set of values and a process of Assessing, Intervening, and Ensuring make up the conceptual framework in this monograph. A new Intervening Model with children's mental health consists of four categories: Promoting, Preventing, Treating, and Re/Claiming. While examples of individual parts of the conceptual framework are evident throughout various parts of the country, taken as a whole and implemented broadly, the framework represents a major transformation for children's mental health that can lead to a healthier population and stronger communities.

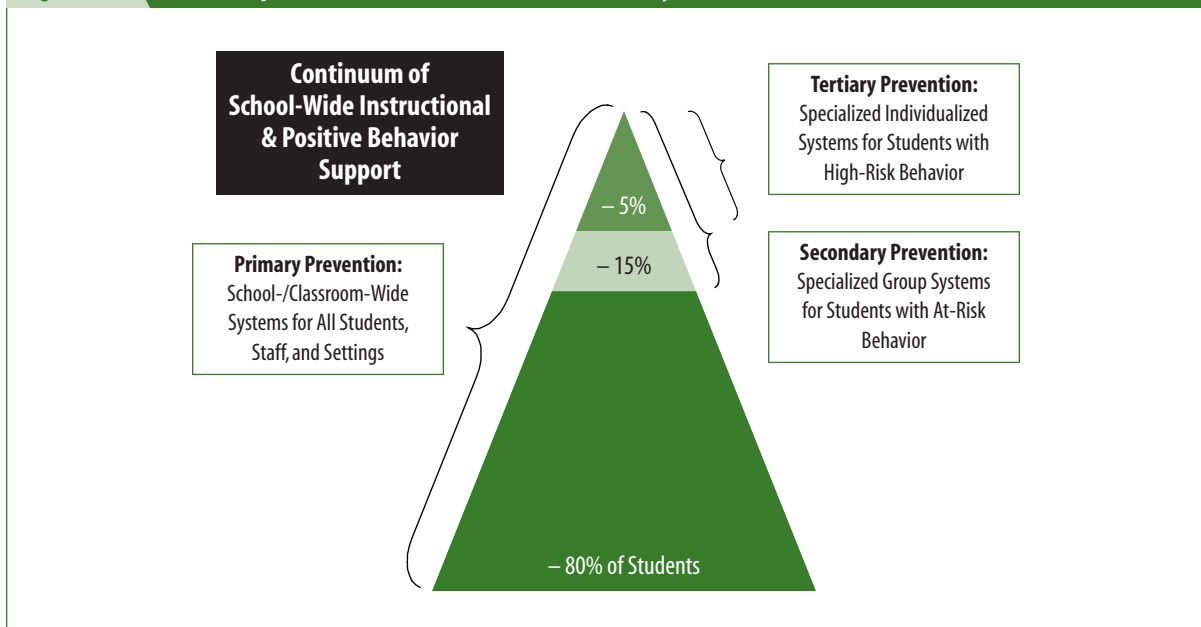
Evolution of “Intervening” in Mental Health

While children’s mental health care is more closely linked with the medical model of diagnosis and treatment, some public health concepts have been evident in discussions about children’s mental health for a very long time. For example, the early concept of milieu therapy, developed over one hundred years ago and still in practice today, was based on the idea that environments played a crucial role in shaping children’s mental health. Milieu therapy, however, involves relocating children with mental health problems to settings that foster improvement rather than changing the environments in which the children reside.

The Public Health Prevention Pyramid

Another public health concept that has played a large role in children’s mental health is that of the prevention pyramid. The pyramid had three levels in which the base referred to pro-active interventions for the broad population (described as primary prevention in the public health model), the middle referred to targeted interventions for the smaller population of people at risk for developing mental health problems (secondary prevention in the public health version), and the top referred to intensive interventions for the small population who are already identified as having mental health problems (tertiary prevention in the public health version). In children’s mental health, however, the pyramid did not usually incorporate the public health prevention terms. Instead it was used to illustrate that interventions vary both by their intensity and by the size of the population they serve. The following example illustrates a school-based Response to Intervention model.¹⁰²

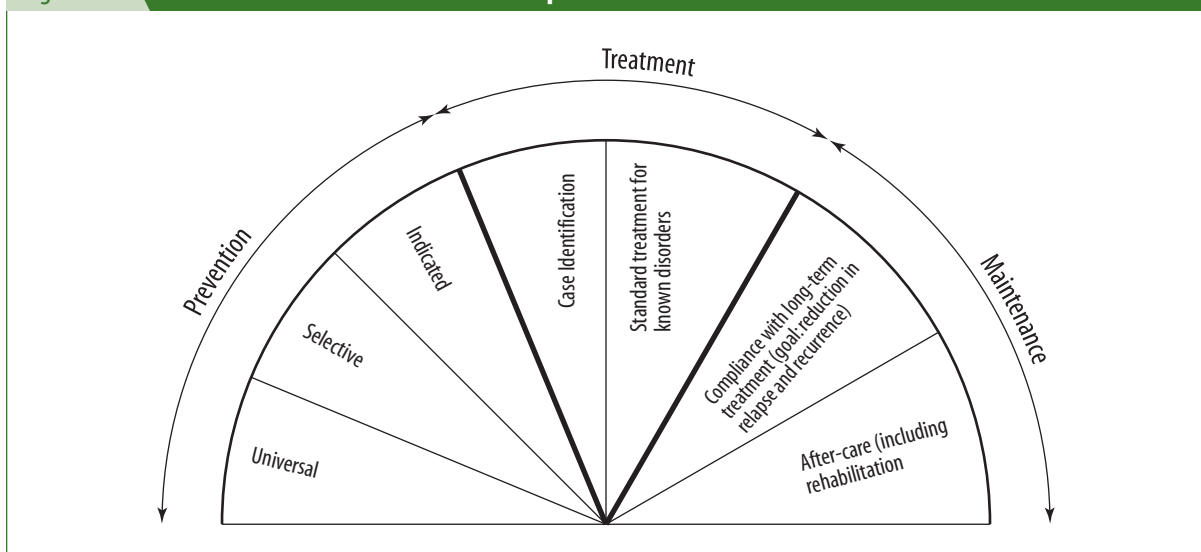
Figure A.1 An Example of A Public Health Prevention Pyramid



The Institute of Medicine (IOM) Fan

One of the most important developments in the application of public health concepts to mental health was the 1994 IOM report titled “Reducing the Risks for Mental Disorders: Frontiers for Preventive Intervention Research³⁷.” This report expanded on the pyramid concept and presented a framework for conceptualizing the range of interventions that can be used to both prevent and care for mental health problems (see Figure A.2).

Figure A.2 The Mental Health Intervention Spectrum for Mental Disorders



The framework organized those interventions into three broad categories: prevention, treatment, and maintenance. Although this framework redefined prevention from the public health model, and expanded some aspects of intervention, remnants of the public health pyramid turned on its side can still be seen. In this new model, the public health label of primary prevention corresponded with Universal Prevention, secondary prevention roughly mapped onto both the Selective and Indicated Prevention areas, and the public health concept of tertiary prevention most closely resembles the entire treatment and maintenance categories. By restructuring the prevention category to include universal, selective, and indicated prevention, the fan-shaped intervention framework removed people with disorders from the spectrum of prevention and limited the concept of prevention to people with varying levels of risk for developing disorders in the future. As a result of this report, universal, selective, and indicated prevention became the terminology that many in the field have come to understand for distinguishing between whole-population activities and interventions for those at elevated risk.

In talking about prevention, the report points out that much can be learned from prevention efforts in the area of physical health, and emphasized that preventive intervention primarily consists of addressing risk and protective factors that lead to and protect against the onset of disorders. The report highlighted the importance of gathering data to provide evidence for the importance of different risk and protective factors, and designing interventions based upon that evidence. Furthermore, the intervention spectrum put forth in this report demonstrated how prevention and maintenance could be seen as working alongside treatment to reduce the population disorder levels. All of these concepts, it should be noted, are central to public health thinking and this report was a significant step forward in integrating them into more frequent use in the mental health arena.

The concept of promotion, however, is notably missing from the intervention framework presented in the IOM report. A chapter in the report devoted to the concept of health promotion explains why:

Mental health promotion represents the logical extension of the intervention spectrum depicted in Figure 2.1, yet it remains separate, outside of the illness model. It encompasses matters of individual as well as collective well-being and optimal states of wellness (Chopra, 1991; Stokols, 1991; Travis and Ryan, 1988; Ardell, 1986). Substantial resources—public as well as private—are currently being expended in the attempt to promote mental health... Yet careful, rigorous examination of the efficacy, let alone the effectiveness, of these activities and of their associated costs and benefits has not yet been conducted. Thus the development of a scientific body of knowledge in regard to mental health promotive interventions represents a truly pioneering labor.³⁷

The Australian Fan Adaptation

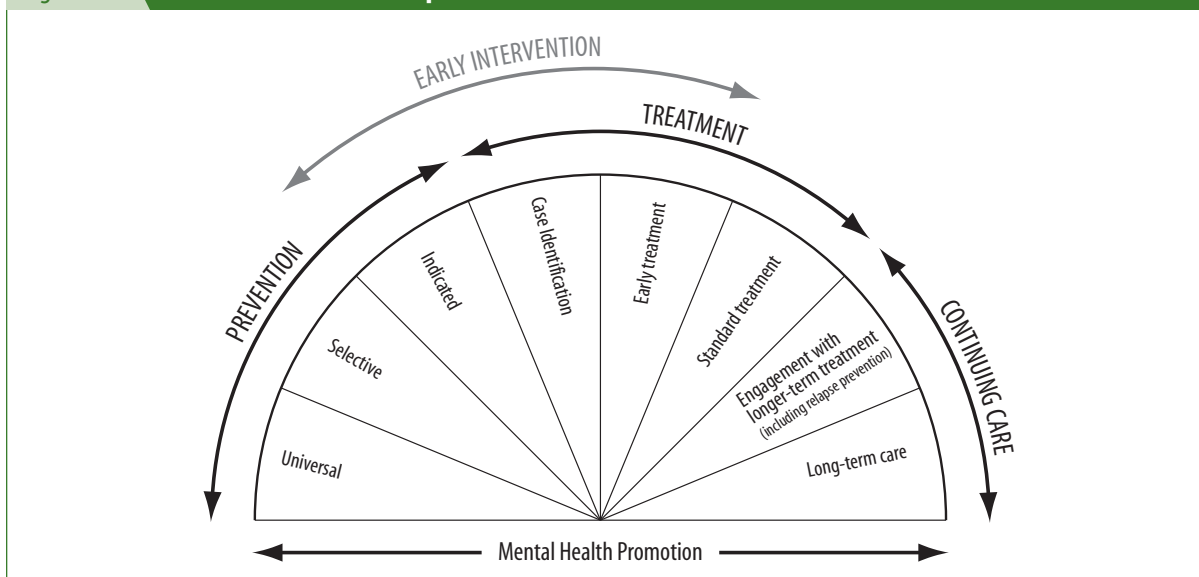
In the ensuing 14 years, research on the effectiveness of health promotion has made meaningful strides, but the larger issue of the separateness of health promotion from the illness model remains. In 2000, an attempt to integrate promotion into the model was made by Australia’s Commonwealth Department of Health and Aged Care in a document called *Promotion, Prevention, and Early Intervention for Mental Health: A Monograph*¹⁰³. This report formed

the theoretical and conceptual framework for a national action plan to promote mental health and prevent and reduce mental health problems. Its companion report, the National Action Plan for Promotion, Prevention, and Early Intervention for Mental Health (Action Plan 2000), laid out strategies for putting the plan into place³⁴. The conceptual document included an adaptation of the IOM intervention framework diagram (see below).

This adaptation preserved the prevention and treatment categories from the IOM framework, as well as the universal, selective, and indicated subcategories under prevention, but it made a few significant changes as well. First, the report relabeled maintenance as “continuing care” and softened the language of the subcategories within it. Second, within the treatment category it added a distinction between early treatment and standard treatment.

Third, the report added two broader pieces to the periphery of the diagram. It added “Early Intervention” to describe the transitional stages between prevention and treatment, so indicated prevention, with its presence of symptoms, became more distinct from selective and universal prevention, in which no symptoms are present. The report also incorporated mental health promotion or “promotion of social and emotional well-being” by drawing a continuous line under the entire diagram and calling it “Mental Health Promotion.” Significantly, the report described promotion as action taken to maximize mental health, and pointed out that this approach is relevant before, during, and after the onset of mental health problems. The report emphasized the role of shaping environments to impact mental health and the concept of focusing on the community level as well as the individual level. While this model included promotion to a greater degree than before, it did so in a non-specific way. The report also acknowledged that promotion is conceptually distinct from illness prevention or treatment and is applicable for people who are well, yet the title of the diagram into which promotion was integrated specifically limits interventions to mental health problems and disorders.

Figure A.3 The Australian Fan Adaptation



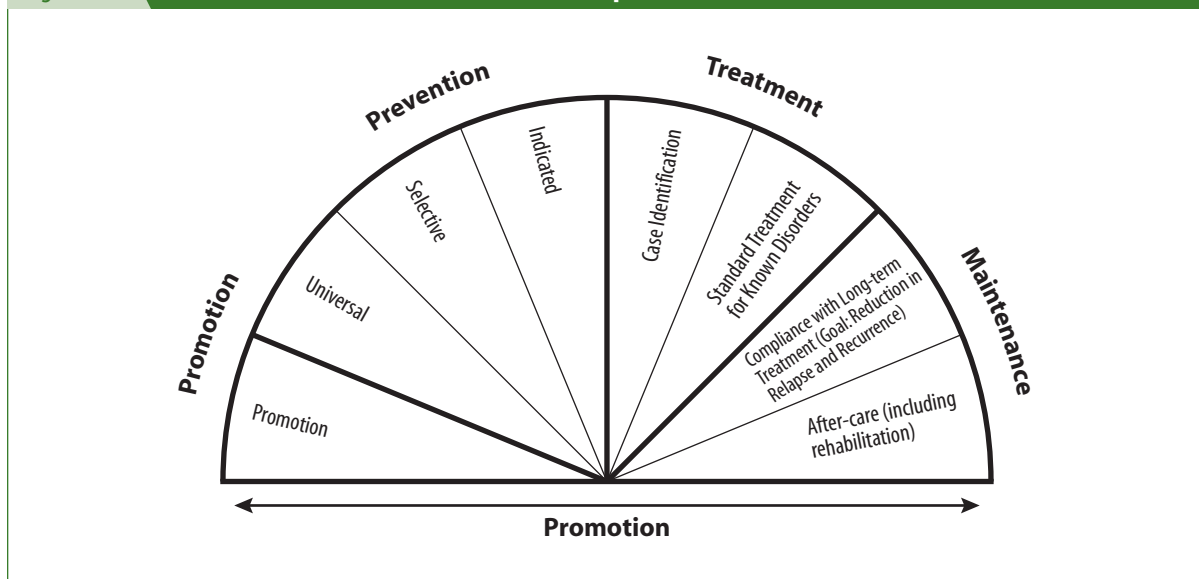
The New IOM Fan

In early 2009, the IOM and the National Research Council released a report that updated the 1994 report on prevention and updated the fan diagram as well. Like the Australian adaptation, the new fan model included promotion as well as prevention. In fact, the addition of promotion was the only difference from the 1994 model. Like the Australian fan, the new IOM fan used a horizontal, bidirectional arrow under the whole model to represent promotion. Unlike the Australian version, however, the new IOM fan also included promotion as the farthest left wedge in the fan.

Although the report did not explain the intended interpretation of inclusion of promotion in the figure twice, it did acknowledge that adding promotion was an important conceptual shift for the field, and it offered a definition of promotion that it described as consistent with prior reports from SAMHSA and international sources. The definition is as follows:

Mental health promotion includes efforts to enhance individuals’ ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity. (pg. 67)

Figure A.4 2009 IOM Mental Health Intervention Spectrum



SOURCE: Adapted from IOM, *Reducing Risks for Mental Disorders*, Frontiers for Preventive Intervention Research, 1994.

One interesting feature of all of the models presented thus far is that they all organized interventions along a single continuum*, and illustrate the usefulness of distinguishing between different kinds of interventions that target mental health problems. At one end are broad, universal preventive interventions that serve entire populations without regard for the presence or absence of mental health problems. As the context shifts to a specific focus on a current mental health problem, both frameworks suggest that a transition is made from Promoting or Preventing to Treating. Treating consists of formal evidence based interventions that are applied to diagnosed disorders as well as provision of supports in response to an identified problem. These supports range on a continuum from formal agency-driven supports to less formal supports and community-wide management strategies.

The two IOM and Australian frameworks also suggest another transition from Treating to Continuing Care or Maintenance, but what distinguishes these categories is more difficult to identify. In fact, the IOM report and Australian monograph both suggest that Maintenance or Continuing Care consist of things like longer-term treatment, long-term care, and after-care, all of which can easily be thought of as extensions of Treating.

The Canadian Dual Continuum Model

A separate development provides a new way of thinking about how promoting and preventing relate to each other. The dual continuum model described in Chapter 2 (see section titled *Positive Mental Health and Mental Health Problems*) conceptualized positive mental health and mental health problems as separate dimensions.

Treating positive mental health and mental health problems as distinct qualities opens up a new way of organizing mental health interventions into a useful framework. While promoting is tied to positive mental health, preventing and treating are linked to mental health problems. The evolution described here leads to the new Intervening Model presented in Chapter 5.

*Although they are both somewhat ambiguous, it could reasonably be argued that the inclusion of promotion as represented by the horizontal line in the Australian model and the second IOM model represents a second continuum.

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